

Case Number:	CM14-0156028		
Date Assigned:	09/25/2014	Date of Injury:	02/10/2012
Decision Date:	10/27/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 56-year-old female with a 2/10/12 date of injury. At the time (8/26/14) of request for authorization for weekly left sided stellate ganglion blocks - one block per week times twelve weeks, Qty: 12, there is documentation of subjective (left hand and upper extremity pain with inability to extend fingers) and objective (dystrophic skin changes over left hand, decreased range of motion over left wrist, tactile allodynia over left hand, and temperature difference between two hands with left side being colder) findings, current diagnoses (complex regional pain syndrome), and treatment to date (medications, physical therapy, and at least 11 previous stellate ganglion block injections). 9/18/14 medical reports identify that weekly stellate ganglion blocks provide significant pain relief, improve left hand range of motion, and allow the patient to complete physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Weekly left sided stellate ganglion blocks - one block per week times twelve weeks, Qty: 12:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sym).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40. Decision based on Non-MTUS Citation Other

Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of stellate ganglion blocks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of complex regional pain syndrome. In addition, there is documentation of sympathetically mediated pain and ongoing treatment with weekly stellate ganglion block as an adjunct to facilitate physical therapy. Furthermore, there is documentation of functional benefit and an increase in activity tolerance as a result of stellate ganglion block use to date. However, the requested one block per week times twelve weeks, exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for weekly left sided stellate ganglion blocks one block per week times twelve weeks, Qty: 12 is not medically necessary.