

Case Number:	CM14-0166285		
Date Assigned:	10/13/2014	Date of Injury:	03/23/2003
Decision Date:	11/13/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/08/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 60-year-old female with a 3/23/03 date of injury. At the time (9/19/14) of the request for authorization for left stellate ganglion block x1, there is documentation of subjective (cervical pain, pain radiating to both arms, numbness/tingling in bilateral hands) and objective (some tenderness with PA mobilization of the cervical spine) findings, current diagnoses (cervicalgia and chronic regional pain syndrome upper extremity), and treatment to date (medication). There is no documentation of sympathetically mediated pain and that the block will be used as an adjunct to facilitate physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Stellate Ganglion Block x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines CRPS, Sympathetic and Epidural Blocks Page(s): 39-40.

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. Within the medical information available for review, there is documentation of diagnoses of cervicgia and chronic regional pain syndrome upper extremity. However, there is no documentation of sympathetically mediated pain and that the block will be used as an adjunct to facilitate physical therapy. Therefore, based on guidelines and a review of the evidence, the request for Left Stellate Ganglion Block x1 is not medically necessary.