

Case Number:	CM14-0169948		
Date Assigned:	10/20/2014	Date of Injury:	06/05/2013
Decision Date:	11/20/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family 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:

Patient had a date of injury on 6/5/2013. Patient was picking grapes and while pulling the bunch stabbed herself in the left wrist. Patient was treated conservatively initially. Diagnosis include: status-post left wrist dorsal ulnar sensory neuroma excision with probable complex regional pain syndrome, and left shoulder impingement. Medications include Hydrocodone, Gabapentin and topical medications. Patient has had Acupuncture and physical therapy with minimal improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Blocks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103.

Decision rationale: According to guidelines There is limited evidence to support this procedure, with most studies reported being case studies. Duration of symptoms greater than 16 weeks before the initial SGB and/or a decrease in skin perfusion of 22% between the normal and affected hands adversely affected the efficacy of SGB therapy. There is no clear indication as to

why a stellate ganglion block is desired. Furthermore the patient has had symptoms greater than 16 weeks which may cause the blocks to be not effective. The request is not medically necessary.