

Case Number:	CM14-0170224		
Date Assigned:	10/20/2014	Date of Injury:	01/04/2013
Decision Date:	11/24/2014	UR Denial Date:	09/25/2014
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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic regional pain syndrome (CRPS), generalized pain syndrome, chronic pain syndrome, and chronic hand pain reportedly associated with an industrial injury of January 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and adjuvant medications. In a Utilization Review Report dated September 25, 2014, the claims administrator denied a request for a sympathetic left stellate ganglion block and denied a request for Botox injection therapy. The claims administrator suggested that the applicant had had an earlier sympathetic nerve block without sustained relief. In its note, the claims administrator also invoked non-MTUS ODG guidelines in its denial, it is incidentally noted. The applicant's attorney subsequently appealed. In a work status report dated September 15, 2014, the applicant was placed off of work, on total temporary disability. In a progress note of the same date, September 15, 2014, the applicant reported ongoing complaints of left upper extremity and left forearm pain, 8/10. The applicant was also having issues with migraine headaches, intensified since the industrial injury. The applicant also had issues with fibromyalgia, all of which were reportedly worsened as a result of the industrial injury. The attending provider acknowledged that the applicant's prior sympathetic nerve block had proven ineffectual. Authorization was sought for a second stellate ganglion block on the grounds that the first stellate ganglion block might have been technically improper. Botox injections were sought. The applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic Left Stellate Ganglion Block (CRPS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Block, Functional Restoration Approach to Chronic Pain Management Page(s):.

Decision rationale: While page 103 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that there is "limited evidence" to support stellate ganglion blocks in the treatment of chronic regional pain syndrome, as is present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly dependent on various analgesic and adjuvant medications. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite at least one prior stellate ganglion block. Therefore, the request for a repeat stellate ganglion block is not medically necessary.

Botox 100 units for Chemodenervation (post traumatic migraine): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 26.

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the evidence on Botox injections for migraine headaches is "mixed," in this case, however, the applicant had seemingly tried and failed a variety of opioid analgesic medications, including Nucynta, and adjuvant medications such as Topamax, for migraine headaches. Time, medications, physical therapy, and other conservative measures have seemingly been tried and/or exhausted here. A trial Botox injection is therefore indicated, despite the tepid MTUS position on the same. Therefore, the request is medically necessary.