

<b>Case Number:</b>	CM14-0175109		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Physical Medicine & Rehabilitation, 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:

This is a 54-year-old male with a 3/20/13 date of injury, when he sustained injuries to the right hand and shoulder while his right hand was caught between 2 dumpsters containing cement and wood. The patient underwent course of physical therapy and received steroid injections. The progress note dated 5/28/14 stated that the patient underwent diagnostic stellate ganglion block which demonstrated a 20% reduction in the patient's pain for a number of hours and that 80% of the patient's pain in his upper extremity was related to pain not carried by sympathetic fibers, as the patient did not have a positive Horner's sign after the stellate ganglion block. The pain management specialist recommended Lyrica or Gabapentin for the patient. The patient was seen on 9/5/14 for the follow up visit. Exam findings revealed right hand grip: 10 kg, left hand grip: 32 kg and right shoulder abduction: 95 degrees. The right finger tops of the 2nd- 4th digits were missing MPC by 1 inch. The patient was awaiting the authorization to see pain management specialist and was scheduled to see pre-op physician for his shoulder surgery scheduled for 10/15/14. The diagnosis is crushing injury of the hand, right shoulder adhesive capsulitis, right carpal tunnel syndrome, and right shoulder acromioclavicular joint arthrosis. Treatment to date: work restrictions, physical therapy, steroid injections, stellate ganglion block and medications. An adverse determination was received on 9/25/14 given that the pain management specialist did not recommend a follow up appointment and that prior stellate ganglion block did not improve the patient's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-evaluation with Pain Management (for second right stellate block): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office Visits

**Decision rationale:** CA MTUS does not specifically address the issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. However the progress notes indicated that the patient was seen by pain management specialist on 5/6/14, there is a lack of documentation indicating that the physician recommended a follow up visit. The patient was advised to start treatment with Lyrica or Gabapentin for his pain at that time. In addition, there is no rationale with clearly specified goals and treatment plan from an additional pain management specialist visit for the patient. Therefore, the request for Re-evaluation with Pain Management (for second right stellate block) is not medically necessary.