

Case Number:	CM14-0178809		
Date Assigned:	11/03/2014	Date of Injury:	05/25/2006
Decision Date:	12/08/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 40-year-old presenting with work-related injury on their 5/25/06. The patient complained of wrist and hand pain. The patient was diagnosed with complex regional pain syndrome. The patient had a stellate ganglion block on August 18, 2014. The patient reported 70% relief for two weeks. It was noted in the medical records that the patient had decrease in numbness, tingling and burning sensations as well as an increase in strength following the stellate ganglion block. The physical exam was significant for decreased range of motion, paraspinal spasms, right shoulder tenderness, allodynia around the shoulder, mottled appearance over the wrist/hand, hyperhidrosis pain over the hand, decreased range of motion, impingement signs, Tinel's, epicondylar tenderness, and weakness in the wrist and hand. A claim was made for 2 additional left stellate ganglion block injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two additional left stellate ganglion block injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines IV regional sympathetic block Page(s): 103-104.

Decision rationale: Two additional left stellate ganglion block injections is not medically necessary. Page 103 of the chronic pain medical treatment guidelines states that stellate ganglion blocks are indicated for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities; specifically pain associated with complex regional pain syndrome, herpes zoster and postherpetic neuralgia as well as frostbite and circulatory insufficiency. The enrollee does have physical findings consistent with complex regional pain; however per CA MTUS IV regional sympathetic blocks are recommended in conjunction with a rehabilitation program. There is no documentation or plan of rehabilitation program; therefore the requested procedure is not medically necessary.