

Case Number:	CM14-0021864		
Date Assigned:	05/09/2014	Date of Injury:	10/14/2010
Decision Date:	07/14/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 injured worker is a 46-year-old female with a reported date of injury on 10/14/2013. The mechanism of injury was not provided within the clinical information available for review. The injured worker presented with complaints of achiness and stiffness in the neck and shoulder blades, as well as the mid back. The injured worker rated her pain at 9/10. According to the clinical note dated 07/25/2012, the injured worker underwent stellate ganglion block previously, the results of which were not provided within the documentation available for review. The clinical note dated 01/09/2014, indicated that the injured worker had pain with daily activities such as bathing, dressing, showering, and self hygiene activities. However, the physician indicated that the injured worker was able to perform her activities of daily living. Upon physical examination, the injured worker's cervical range of motion revealed flexion to 30 degrees, extension to 30 degrees, right rotation to 40 degrees, left rotation to 42 degrees, right lateral flexion to 30 degrees, and left lateral flexion to 32 degrees. The physician indicated that there was no cervical or thoracic paraspinal musculature spasm or tenderness. The injured worker's thoracic spine range of motion revealed flexion to 60 degrees and bilateral rotation to 30 degrees. The right shoulder range of motion revealed abduction to 45 degrees, forward flexion to 45 degrees, and internal and external rotation to 10 degrees, as well as extension and adduction to 50 degrees. The injured worker's diagnosis included cervical spine sprain/strain. The injured worker's medication regimen included Tramadol, Ibuprofen, and Gabapentin. The Request for Authorization for right stellate ganglion block injection, home care 4 hours per day 3 days per week x6 weeks, Ultram ER 100 mg #60, and Motrin 800 mg #120 was submitted on 02/24/2014. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT STELLATE GANGLION BLOCK INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks (Stellate Ganglion Block, Thoracic Sympathetic Block, & Lumbar Sympathetic Block).

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

Decision rationale: The California MTUS Guidelines state that sympathetic blocks are recommended as indicated, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Sympathetic blocks may be necessary when there is evidence of coagulopathy, systemic infection, and /or post-surgical changes. According to the clinical documentation provided for review, the injured worker underwent a right stellate ganglion block previously, the results of which were not provided within the documentation available for review. The need for a second right stellate ganglion block injection would depend on the result from the first block performed. In addition, the clinical information provided for review lacks documentation of current participation in physical therapy, coagulopathy, system infection and /or post-surgical changes. Therefore, the request for right stellate ganglion block injection is not medically necessary and appropriate.

HOME CARE: 4 HOURS PER DAY, 3 DAYS PER WEEK X 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The California MTUS Guidelines state that home health services are recommended only for medical treatment for patients who are home-bound, on a part time or intermittent basis, generally up to no more than 35 hours per week. The clinical information provided for review lacks documentation related to the injured worker being home-bound. In addition, within the clinical documentation, it notes that the injured worker is able to perform her activities of daily living. In addition, it states that her adult daughters live with her and would assist the injured worker as needed. The rationale for the request was not provided within the documentation available for review. Therefore, the request for Home Care: 4 hours per day, 3 days per week x 6 weeks is not medically necessary.

ULTRAM ER 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78.

Decision rationale: The ongoing management of opioids should include the lowest possible dose to be prescribed to improve pain and function. The ongoing management should include the review and documentation of pain relief, functional status, appropriate medication use, and side effects included in the documentation. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is a lack of documentation related to the injured worker's increased functional improvement with the utilization of Ultram. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Ultram ER 100MG #60 is not medically necessary.

MOTRIN 800MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs); NSAIDs, Specific Drug List & Adverse Effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long term effectiveness for pain or function. According to the documentation provided for review, the injured worker has been utilizing 800 mg of Ibuprofen for an extended period of time. There is a lack of documentation related to the therapeutic effect in the utilization of Motrin, for the injured worker. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Motrin 800mg #120 is not medically necessary.