

Case Number:	CM14-0024048		
Date Assigned:	06/11/2014	Date of Injury:	02/08/2013
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/25/2014

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 Orthopedic Surgery, 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 is a 23 year old male with industrial injury on 2/8/13. Claimant status post right stellate ganglion block on 1/8/14 with report of 65% relief of pain for 4 days. Exam note 1/20/14 demonstrates report of right neck pain with right arm pain. Report that patient has allodynia of the right hand and arm. Diagnosis is made of complex regional pain syndrome and request is made for 3 stellate ganglion blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF 3 STELLATE GANGLION BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39-40, 103, 108.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40.

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS)/Chronic Pain Medical Treatment Guidelines, complex regional pain syndrome (CPRS), Sympathetic and epidural blocks, page 39-40, repeated blocks are only recommended if continued improvement is observed. In this case the exam note from 1/8/14 demonstrates only partial and short term relief.

Due to the guidelines not being met, the treatment is considered not medically necessary and appropriate.