

Case Number:	CM14-0026030		
Date Assigned:	06/13/2014	Date of Injury:	02/08/2013
Decision Date:	09/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 patient is a 24-year-old male who has submitted a claim for wrist pain associated with an industrial injury date of February 8, 2013. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of wrist pain. Examination revealed allodynia and vasomotor changes. EMG/NCV study in April 2013 and MRI on 5/17/13 were both normal studies. Treatment to date has included medications, physical and occupational therapy and stellate ganglion block on 1/8/14. Utilization review from January 28, 2014 denied the request for SERIES OF 3 RIGHT STELLATE GANGLION BLOCKS because there was no office visit following the procedure documenting response.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF 3 RIGHT STELLATE GANGLION BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion blocks Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks; Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 39; 103-104.

Decision rationale: As stated on pages 103-104 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is limited evidence to support stellate ganglion block (SGB), with most studies reported being case studies. This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Proposed indications for pain include: CRPS; herpes zoster and post-herpetic neuralgia; and frostbite. Stellate ganglion blocks are recommended only for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeat blocks are only recommended if continued improvement is observed. In this case, patient presented with wrist pain and vasomotor changes in the hand. He had prior stellate ganglion block with only 4 days of 65% relief of his pain. Moreover, it is unclear if the block will be used as an adjunct to physical therapy, which is required by the guidelines. There is also paucity of studies that support stellate ganglion blocks. There is no clear indication for stellate ganglion block at this time. Therefore, the request for SERIES OF 3 RIGHT STELLATE GANGLION BLOCKS is not medically necessary.