

Case Number:	CM14-0026147		
Date Assigned:	09/05/2014	Date of Injury:	03/04/2013
Decision Date:	10/03/2014	UR Denial Date:	01/29/2014
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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 39-year-old man who sustained a work-related injury on March 4, 2013. Subsequently, he developed but right frozen shoulder and elbow with depression and anxiety. The patient physical examination demonstrated the right shoulder and elbow pain with reduced range of motion and atrophy. His MRI of the cervical spine did not show any disc protrusion. The patient was diagnosed with severe reflex sympathetic dystrophy, anxiety and depression as well as panic secondary to pain. The patient was the treated with stellate ganglion block of the right upper extremity on November 5, 2013 which was helpful. The patient requested authorization for stellate ganglion block of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

STELLATE GANGLION BLOCK RIGHT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympa.

Decision rationale: According to MTUS guidelines, <Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with

most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects>. According to MTUS guidelines, lumbar sympathetic block Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy.(Colorado, 2002)The patient was previously treated with Stellate Ganglion Block without clear and objective documentation of functional improvement. Except for pain, there is no other information submitted confirming the diagnosis of CRPS. Edema and skin abnormalities are missing from the provider report. Therefore, the request for STELLATE GANGLION BLOCK RIGHT UPPER EXTREMITY is not medically necessary.