

Case Number:	CM14-0026157		
Date Assigned:	06/13/2014	Date of Injury:	03/03/2013
Decision Date:	07/16/2014	UR Denial Date:	02/03/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of March 2, 2013. An Office Visit Report dated November 17, 2013 identifies a Chief Complaint of neck and shoulder pain, with numbness radiating down the arm. The pain was worse over the trapezius, radiating to the axilla, triceps and into the left forearm associated with numbness and tingling. A physical exam identifies that the cervical motion was limited at extremes of range. Painful arc was noted on the left shoulder. Sensation was reduced over the dorsum of the hand. The motor strength was 4/5 wrist flexors and extensors, fingers flexors and extensors on the left, and grip strength was decreased on the left. The clinical impression identifies left shoulder pain, cervical radiculopathy, thoracic outlet syndrome, and axillary neuropraxia.

IMR ISSUES, DECISIONS AND RATIONALES

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

STELLATE GANGLION BLOCK SERIES: 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 sympathetic block) Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, CRPS, sympathetic blocks (therapeutic).

Decision rationale: The Chronic Pain Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for complex regional pain syndrome (CRPS). The Official Disability Guidelines state that there should be evidence that all other diagnoses have been ruled out before consideration of use, as well as evidence that the Budapest criteria have been evaluated for and fulfilled. The guidelines go on to state that if a sympathetic block is utilized for diagnosis, there should be evidence that the block fulfills criteria for success including increased skin temperature after injection without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should also occur. For therapeutic injections, the guidelines state that they are only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Within the documentation available for review, there is no indication that the Budapest criteria have been evaluated for and fulfilled, and there is no documentation that an appropriate diagnostic block with subsequent skin measurement, and motor and sensory testing, has been performed. In the absence of such documentation, the request is not medically necessary.