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| Case Number: | CM14-0026405 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 01/04/2013 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/28/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 45-year-old female who sustained an injury to her back on 01/04/13. The mechanism of injury was that the patient fell forward while holding an accordion file with arms across the chest, landed directly on her arm and twisted her low back. The injured worker also complained of upper back and arm pain, decreased memory, concentration and intermittent jaw pain at 8/10 VAS. Physical examination noted tenderness at C4 through C7 along with cervical myofascial tenderness. Treatment to date has included bracing and one diagnostic stellate ganglion injection in November of 2013 that reportedly provided good, but transient relief. Increased sensitivity to frank allodynia. The patient was diagnosed with complex regional pain syndrome of the left upper extremity stage I, grade II.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT STELLETE GANGLION BLOCK UNDER FLUROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 rationale: The request for left stellate ganglion block under fluoroscopic guidance is not medically necessary. The previous request was denied on the basis that repeat injections should only be undertaken if there is evidence of increased range of motion, medication use reduction, increased tolerance of activity and touch documented to permit participation in physical or occupational therapy. There was limited documentation of objective functional gains obtained before considering a repeat procedure. There is also no indication that this injection will be used as an adjunct treatment with rehabilitative therapy. Therefore, medical necessity of the request was not deemed as medically appropriate. Given the clinical documentation submitted for review, medical necessity of the request for left stellate ganglion block under fluoroscopic guidance has not been established.

STATUS POST INJECTION FOLLOW-UP VISIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits.

Decision rationale: The request for status post injection follow-up visit is not medically necessary. The Official Disability Guidelines state that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. However, given that the concurrent request for stellate ganglion block has not been certified, medical necessity of the request for status post injection follow-up visit has not been established.