

Case Number:	CM14-0028870		
Date Assigned:	06/20/2014	Date of Injury:	06/24/2011
Decision Date:	07/17/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 38-year-old female with a reported date of injury on 06/24/2011. The mechanism of injury was a slip and fall. The injured worker had a diagnosis of reflex sympathetic dystrophy of upper limb. Her previous treatments were noted to include left stellate ganglion block, medications, cervical stimulator trial, surgeries, and hand therapy. The progress report dated 08/16/2013 reported the injured worker's left wrist was hypersensitive to touch, decreased range of motion to the left wrist and fingers and sweating to the left wrist. The progress note dated 08/29/2013 reported the injured worker's left hand was discolored, sweaty, swollen, sensitive, numb, and atrophy noted to the left arm and wrist. The progress report dated 03/07/2014 reported the injured worker complained of 7/10 pain, ongoing sweating, and was eager to go back to work and denied any side effects to medications. The injured worker claimed the medications were helping; however, she was still depressed secondary to her work related injury. The physical examination was performed using a manual muscle testing procedure, utilizing a Jamar dynamometer, which revealed maximum flexion contraction of the upper extremity; the injured worker was able to generate right 26 kg and left 1 kg of applied force. The test was repeated with confirmation of visible nail bed blanching, and both results were within 10% of 1 another. The provider reported the injured worker was awaiting surgery for paddle placement, and the pain has been worsening and previously took fewer opioids after the stellate ganglion blocks. The injured worker's medications were noted to include Dilaudid 4 mg 1 three times a day as needed for pain, Xanax 0.5 mg daily, and Exalgo ER 8 mg daily. The Request for Authorization Form dated 03/10/2014 was for a left stellate ganglion block due to reflex sympathetic dystrophy of the upper limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Stellate Ganglion Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Nerve Blocks, Stellate ganglion block Page(s): 103.

Decision rationale: The request for Left Stellate Ganglion Block is not medically necessary. The injured worker has had 6 previous stellate ganglion blocks. The California Chronic Pain Medical Treatment Guidelines states there is limited evidence to support this procedure, with the most studies reported being case studies. The guidelines state this block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. The guidelines state there appears to be a positive correlation between efficacy and how soon therapy is initiated (as studied in patients with CRPS of the hand). The guidelines note there should be a documented duration of symptoms for greater than 16 weeks before the initial stellate ganglion block and/or a decrease in skin perfusion of 22% between the normal and affected hands adversely affected the efficacy of stellate ganglion block therapy. Adequacy of a sympathetic block should be recorded. A Horner's sign (ipsilateral ptosis, miosis, anhidrosis conjunctival engorgement, and warmth of the face) indicates a sympathetic block of the head and face. It does not indicate a sympathetic block of the upper extremity. The latter can be measured by surface temperature difference (an increase in temperature on the side of the block). The documentation provided had conflicting results in regards to the CRPS diagnosis. The testing for diagnosis of CRPS showed the most significant symptom was noted to be sweating with a decreased range of motion and allodynia to touch on the left extremity. There is a lack of documentation regarding a recent, adequate and complete assessment of the injured worker's left upper extremity. There is a lack of documentation indicating the injured worker had significant improvement in functionality and pain with the prior stellate ganglion blocks. Therefore, it is inappropriate for a repeat left stellate ganglion block at this time. The provider's rationale for the request was not provided within the medical records. As such, the request is not medically necessary.

Retrospective (DOS 2-12-14) / Prospective urine drug test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The Retrospective (DOS 2-12-14) / Prospective urine drug test request is not medically necessary. The injured worker had a previous drug screen on 02/12/2014, which showed consistent drug therapy. The California Chronic Pain Medical Treatment Guidelines

recommend a urine drug screen to assess for the use or presence of illegal drugs. The injured worker underwent a urine drug screen in 02/2014 which was consistent with the injured worker's medication regimen. Therefore, a new urine drug screen is not warranted. As such, the request is not medically necessary.