

Case Number:	CM14-0031941		
Date Assigned:	04/09/2014	Date of Injury:	05/23/2002
Decision Date:	06/02/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 45-year-old female with a reported date of injury on 05/23/2002. The mechanism of injury, prior treatment history, surgical history, etc. is unknown. Based on the medical records submitted for review, it is gathered that the patient has constant neck and arm pain, she is off of opiates and diagnosed with what appears to be CRPS and plexopathy. The UR dated 01/27/2014 documents the patient to have received a prior right stellate ganglion block on 02/05/2013 and left stellate ganglion block on 02/12/2013 with 50% reduction in pain for 24 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL STELLATE BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS Page(s): 39-40.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend CRPS sympathetic and epidural blocks primarily for the diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Based on the documentation provided, there is no indication

that that blocks are to be used as an adjunct to facilitate physical therapy or that the prior block offered any significant pain relief (documented as 50% for 24 hours). The medical necessity has not been established.