

Case Number:	CM14-0035706		
Date Assigned:	06/23/2014	Date of Injury:	05/17/2010
Decision Date:	07/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 47-year-old female who reported an injury on 05/17/2010. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her biceps tendon. The injured worker ultimately underwent surgical intervention for repair of a biceps tendon tear. The injured worker developed complex regional pain syndrome and was treated with aquatic therapy and sympathetic stellate ganglion blocks. The injured worker was evaluated on 02/27/2014. It was documented that the injured worker had ongoing burning sensation of the anterior region of the shoulder and had previously responded well to cervical stellate ganglion blocks. Physical findings included decreased sensation to superficial touch of the anterior shoulder and the C6-8 dermatomal distributions. The injured worker's diagnoses included sympathetically maintained pain of the right upper extremity secondary to C7-6 stretch nerve root injury, and status post a reattachment of the biceps head to the right shoulder. The injured worker's treatment plan included a repeat stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion nerve block series of 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Stellate Ganglion Block (SGB).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block (SGB) (Cervicothoracic sympathetic block) Page(s): 103.

Decision rationale: The California Medical Treatment Utilization Schedule recommends this intervention for patients who are actively participating in an active rehabilitation program who have ongoing pain complaints related to sympathetically related diagnoses. The clinical documentation does support that the patient has sympathetic related pain complaints and has previously received a series of stellate ganglion blocks. However, there is no quantitative assessment of pain relief or documented functional improvement resulting from the prior injections. Therefore, additional stellate ganglion nerve block injections would not be supported. As such, the requested stellate ganglion nerve block series of three is not medically necessary or appropriate.