

Case Number:	CM14-0036774		
Date Assigned:	06/25/2014	Date of Injury:	04/14/2009
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/26/2014

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 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:

According to the records made available for review, this is a 54-year-old male with a 4/14/09 date of injury. At the time (3/17/14) of request for authorization for stellate ganglion block series, there is documentation of subjective (left upper extremity pain, pain radiates to the left arm and neck, there is associated numbness and tingling, muscle spasm, tightness, weakness, and increased sensitivity to touch) and objective (mildly positive facet maneuvers, atrophy of the left triceps, markedly weaker flexion and extension of the left upper extremity, decreased sensation throughout all the dermatomes of the left upper extremity, some tenderness over the left ulnar area) findings, current diagnoses (complex regional pain syndrome type II, left upper extremity), and treatment to date (medications, physical therapy, and home exercise). 3/3/14 medical report identifies that stellate ganglion block of 1/14 did not provide any substantial improvement in pain. There is no documentation of increased range of motion, pain and medication use reduction and increased tolerance of activity and touch (decreased allodynia) in physical therapy/occupational therapy, as well as evidence that physical or occupational therapy was incorporated with the duration of symptom relief.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of stellate ganglion blocks. ODG identifies increased range of motion, pain and medication use reduction and increased tolerance of activity and touch (decreased allodynia) in physical therapy/occupational therapy, as well as evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block as criteria necessary to support additional stellate ganglion blocks. In addition, ODG supports up to 6 blocks and 1 to 3 blocks for acute exacerbations. Within the medical information available for review, there is documentation of diagnosis of complex regional pain syndrome type II, left upper extremity. However, given documentation that previous stellate ganglion block of 1/14 did not provide any substantial improvement in pain, there is no documentation of increased range of motion, pain and medication use reduction and increased tolerance of activity and touch (decreased allodynia) in physical therapy/occupational therapy, as well as evidence that physical or occupational therapy was incorporated with the duration of symptom relief. Therefore, based on guidelines and a review of the evidence, the request for stellate ganglion block series is not medically necessary.