

Case Number:	CM14-0039090		
Date Assigned:	06/27/2014	Date of Injury:	06/21/2004
Decision Date:	07/23/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 56 year-old female with a 6/21/2004 date of injury. There are no medical reports provided for this Independent Medical Review (IMR). According to the 3/31/14 UR modification letter, the request for Stellate ganglion blocks times four was modified to 1 block. The Utilization Review letter states the physician requested a bone scan to rule out complex regional pain syndrome of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Blocks times 4, right side: 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 blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 103-104.

Decision rationale: The patient is a 56 year-old female with a 6/21/2004 date of injury. There are no medical reports provided for this independent medical review (IMR). According to the

3/31/14 utilization review modification letter, the request for Stellate ganglion blocks x4 was modified to 1 block. The utilization review letter states the physician requested a bone scan to rule out complex regional pain syndrome (CRPS) of the right hand. The IMR request is for necessity of Stellate ganglion blocks x4. There is not enough information provided to make an informed decision. There are not medical reports. There is no discussion of the patient's history, presentation, or mention of clinical exam findings. The UR letter states the physician was requesting a bone scan to rule out CRPS, so it appears that the patient has not been diagnosed with CRPS yet. California Medical treatment Utilization Schedule (MTUS) states the stellate ganglion blocks are limited to the diagnosis of CRPS. MTUS also states there is limited evidence to support the stellate ganglion block. MTUS states: "There appears to be a positive correlation between efficacy and how soon therapy is initiated (as studied in patients with CRPS of the hand). Duration of symptoms greater than 16 weeks before the initial SGB and/or a decrease in skin perfusion of 22% between the normal and affected hands adversely affected the efficacy of SGB therapy" There is no discussion of when the patient was suspected of having the condition, but the date of injury suggests near 2004. Based on the limited information provided for this review, it is not clear what the patient's diagnosis is, or if it contains CRPS; it is not known when the symptoms have been present for over 16 weeks. Without medical reporting of the patient's condition, it cannot be confirmed that the request for Stellate ganglion blocks are in accordance with the MTUS criteria for Stellate ganglion blocks. The requested treatment is not medically necessary and appropriate.