

Case Number:	CM14-0043074		
Date Assigned:	06/30/2014	Date of Injury:	04/15/2008
Decision Date:	08/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/10/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 60-year-old female with a reported date of injury on 04/15/2008. The mechanism of injury was noted to be a slip and fall. Her diagnoses were noted to include cervical spondylosis at C5-6 and C6-7, chronic left ankle/foot sprain and neuropathic pain syndrome, left upper extremity complex regional pain syndrome, cannot rule out or in thoracic outlet syndrome and/or brachial plexus injury and reported left carpal tunnel syndrome and mild left cubital tunnel syndrome. Her previous treatments were noted to include stellate ganglion block, brachial plexus block, pulsed radiofrequency, epidural injections, physical therapy, sympathetic block and medications. The progress note dated 03/19/2014 revealed the injured worker complained of left sided constant throbbing and burning with weakness in her left arm and hand. The injured worker also reported numbness in her left shoulder, anterior neck, left arm and hand. The injured worker complained of intermittent swelling and discoloration of the left ankle, left hand and reported she felt like the left ankle was unstable. Her left fingers had some nail changes and her hand became cold and sometimes the left foot does as well. The physical examination revealed the left hand was slightly darker, reddened and somewhat purplish. There was livedo reticularis in the left upper extremity and the left upper extremity was cooler by 2 degrees to 4 degrees Fahrenheit than the right side. The left palm was also sweatier than the right. It was diffusely tender to palpation and hypersensitive of both the left upper and lower extremities, distally greater than proximally. There was also diffuse left upper quadrant tenderness involving the chest wall, neck and upper back. The range of motion was somewhat limited of the cervical spine at 75% of expected with extension causing some left neck and upper back burning. The left shoulder range was voluntarily 50% of expected and the left elbow and wrist range were normal, but uncomfortable. The provider reported the appearance of

the left lower extremity was normal visually and there was no temperature differential. The straight leg raising was negative for sciatica. The reflexes were noted to be 1+ at the biceps, brachioradialis, triceps, knees, right ankle and absent at the left ankle, but that may have been due to pain inhibition. The ulnar Tinel's was positive at the left elbow, median was positive at the left wrist and Phalen's was positive on the left. The provider indicated the injured worker, in 2009, had a stellate ganglion block on the left side which provided considerable relief and resulted in minimal symptoms and lasted about 8 to 9 months. The provider reported 10/23/2012, she had a stellate ganglion block and had benefited for 3.5 months and by 01/2013 revealed they were just starting to wear off. The provider indicated the injured worker had a left brachial plexus block and left stellate ganglion block with a pulsed radiofrequency procedure of the brachial plexus on 01/16/2014. Office note dated 06/09/2014 revealed the injured worker was waiting for the stellate/plexus block and reported greater than 50% improvement in pain with previous blocks in the past. The physical examination revealed cold, mottled, with swelling and weakness to the left hand. The Request for Authorization form dated 06/10/2014 was for a stellate block and brachial plexus block for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Stellate and Brachial Plexus Block with Pulse Radiofrequency: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pulse Radiofrequency treatment, Regional sympathetic blocks Page(s): 102, 103.

Decision rationale: The injured worker had a previous stellate ganglion block 01/2014. The California Chronic Pain Medical Treatment Guidelines state there is limited evidence to support stellate ganglion block procedures, with most studies reported being case studies. The 1 prospective double blind study of CRPS was limited to 4 subjects. Guidelines state this block is proposed with the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities. The guidelines state recommendations of the stellate ganglion block are generally limited to diagnosis and therapy for CRPS. Guidelines do not recommend pulsed radiofrequency treatment. The guidelines state pulsed radiofrequency has been investigated as a potentially less harmful alternative to radiofrequency thermal neurolytic destruction in the management of certain chronic pain syndromes, such as facet joint pain and trigeminal neuralgia. The pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes. The Official Disability Guidelines do not recommend brachial plexus blocks due to the lack of evidence for use and risk of complications including infection, intravascular injection, pneumothorax and phrenic nerve paralysis. There is a lack of documentation regarding efficacy of previous stellate block and the guidelines do not recommend brachial plexus blocks or pulse radiofrequency treatment. Therefore, the request is not medically necessary and appropriate.