

Case Number:	CM14-0046055		
Date Assigned:	07/02/2014	Date of Injury:	02/08/2013
Decision Date:	08/15/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

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 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:

The patient is a 23 year old with an injury date on 2/8/13. Patient complains of burning into right buttocks and right lower extremity per 1/16/14 report. Patient received stellate ganglion block on 1/8/14 which reduced burning sensation and gave 3 weeks of relief, 60% relief for the first two weeks and 50% for the third week per 2/14/14 report. Patient is continuing with physical therapy per 2/14/14 report but improvement is not noted. Based on the 2/14/14 progress report provided by [REDACTED] the diagnoses are: 1. wrist s/s2. forearm s/s3. CRPSExam on 2/14/14 showed "right hand vasomotor changes. Allodynia." Discoloration of right hand was noted on 1/8/14 report. [REDACTED] is requesting series of 3 stellate ganglion blocks. The utilization review determination being challenged is dated 3/21/14 and rejects request as there is no documentation of increased range of motion, decreased med usage, decreased in pain levels, or increased tolerance of activity and touch. [REDACTED] is the requesting provider, and he provided treatment reports from 1/16/14 to 2/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 stellate ganglion blocks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES(ODG).

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, 37-40.

Decision rationale: This patient presents with right leg pain, right hand pain and is s/p stellate ganglion block on 1/8/14. The provider has asked for a series of 3 stellate ganglion blocks on 2/14/14. Regarding regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), MTUS recommends for CRPS, as an adjunct to physical therapy. Repeated blocks are only recommended if continued improvement is observed. In this case, the patient presents with neurogenic inflammation, nociceptive sensitization and vasomotor dysfunction which are hallmarks of CRPS. As prior stellate ganglion blocks produced greater than 50% improvement for 3 weeks, requested repeat stellate ganglion blocks are indicated for patient's condition. Recommendation is medically necessary.