

Case Number:	CM14-0054092		
Date Assigned:	07/07/2014	Date of Injury:	02/08/2013
Decision Date:	08/12/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/23/2014

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:

This patient is a 24-year-old male with date of injury of 02/08/2013. Per treating physician's letter of appeal dated 04/22/2014, the patient presents with complex regional pain syndrome and quotes regional sympathetic blocks from MTUS Guidelines, which states, "Recommendations are generally limited to diagnosis and therapy for CRPS." After quoting the thoracic sympathetic blocks, this letter simply states, "Please kindly provide authorization for continuous medical necessity treatments/medications to cure or relieve the effect of the industrial injury." This report does not provide any physical examination findings, no subjective complaints, and no treatment history. There is a psychological evaluation dated 03/21/2014 by [REDACTED], a psychologist. This report has current symptoms of pain, burning, tingling in the right hand, arm, right buttock, and right leg with the magnitude of range 12/10, 8/10 to 9/10, 8/10 to 9/10 respectively. Treatment recommendations were to have the patient continue to receive interventions to try to address the medical issues including the pain, sleep issues, et cetera. The conclusion was that the patient was experiencing significant psychological stressors related to his industrial injury. The request for stellate ganglion blocks x3 was denied by utilization review letter 04/08/2014 due to "lack of information regarding response of the SGB in January 2014, whether there was decreased use of medication documented, increased range of motion about the forearm, wrist, hand, increased tolerance to activity and touch, and participation of physical therapy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid/Anesthetic Injection: Series of 3 Stellate Ganglion Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Blocks (SGB). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Stellate Ganglion Blocks (SGB).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 35.

Decision rationale: This patient presents with chronic neck, upper extremity, low back, lower extremity pain. The request is for series of stellate ganglion block x3. Unfortunately, only 20 pages of reports were provided and none of the reports include the treating physician's progress report. There was a letter of appeal without much clinical information. There was a psychological evaluation report supporting treatment interventions and documenting psychological stressors. Utilization review makes reference to a prior stellate ganglion block performed in January 2014 without subsequent documentation of patient's response. MTUS Guidelines provide a thorough discussion regarding CRPS. It requires a specific physical examination and clinical presentation for this diagnosis. It does recommend sympathetic block on a limited role primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. In this case, as provided by utilization review letter, the patient apparently had a stellate ganglion block back in January. There were no progress reports provided. There were no documented diagnoses of CRPS to warrant a series of stellate ganglion blocks. Furthermore, MTUS Guidelines do not discuss stellate ganglion blocks as being effective for treatments, but discusses its role more as a diagnostic tool. Given the lack of documentations regarding the patient's response to the previous injection, recommendation is that the request is not medically necessary.