

Case Number:	CM14-0058793		
Date Assigned:	07/09/2014	Date of Injury:	01/28/2010
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/29/2014

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 Family Medicine, 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 is a 45 year old female who reported an industrial injury on 1/28/2010, over 4 years ago, to the right wrist/hand attributed to the performance of her regular job tasks when she held a bottle of mixer and perceived sudden onset of pain and swelling over the radial aspect of the right wrist. The patient subsequently underwent surgical intervention to the right wrist x2 The patient was noted to have been assessed as MMI on 8/22/2012. The patient was being prescribed Hydromorphone; Norco; Soma; Xanax; Fiorinal/codeine; Reglan; Lipitor and Metformin. The objective findings on examination included normal reflexes; sensitivity to light touch in her right arm and hand; cold intolerance; skin and nail changes; hand is warmer. The treatment plan included stellate ganglion blocks x3 to the right hand/wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Blocks X3 for the right hand/wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 215, Chronic Pain Treatment Guidelines regional Sympathetic Blocks Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Pain chapter--CRPS sympathetic blocks; CRPS treatment; Regional sympathetic blocks; Stellate ganglion blocks; CRPS page 35-40.

Decision rationale: The request for authorization of the three stellate ganglion blocks/sympathetic blocks is not consistent with the recommendations of the CA MTUS; the ACOEM Guidelines and the Official Disability Guidelines. There is limited evidence to support this procedure. The patient has not undergone any recent conservative treatment subsequent to the two surgical procedures to the right wrist. The diagnostic blocks will help determine if the patient meets the criteria for the diagnosis of CRPS. The use of therapeutic blocks is not supported with objective evidence and is not documented the objective findings recommended by evidence base guidelines prior to attempting sympathetic blocks. The use of the sympathetic blocks will diminish the perceived pain issues, allowing the patient to rehabilitate in a functional restoration home exercise program for conditioning and strengthening. The use of the blocks is in conjunction with an exercise program and ongoing program of rehabilitation. The patient is not demonstrated to be rehabilitating. There is no demonstrated medical necessity for the requested stellate ganglion blocks x3. The QME assessed the patient as MMI. The diagnosis of CRPS has not been confirmed by an independent physician. The provider has not documented: (1) Vasomotor changes: temperature/color change; (2) Edema; (3) Trophic changes: skin, hair, and/or nail growth abnormalities; (4) Impaired motor function (tremor, abnormal limb positioning and/or diffuse weakness that can't be explained by neuralgic loss or musculoskeletal dysfunction); (5) Hyperpathia/allodynia; or (6) Sudomotor changes: sweating. Diagnostic tests (only needed if four physical findings were not present): 3-phase bone scan that is abnormal in pattern characteristics for CRPS. There is no objective evidence provided to support the diagnosis of CRPS at this time and there is no medical necessity to provide the sympathetic stellate ganglion block any way to see if the pain level decreases. The patient is clearly not documented to be participating in a functional restoration home exercise program and the use of the stellate blocks is an adjunct to the exercise program demonstrating medical necessity only when analgesic requirements escalate or the home exercise program fails after appropriate participation.