

Case Number:	CM14-0059369		
Date Assigned:	07/09/2014	Date of Injury:	06/16/2006
Decision Date:	09/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/30/2014

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 Occupational 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:

The patient is a 55-year-old female who has submitted a claim for Chronic Intractable Cervicalgia and Bilateral Upper Extremity Complex Regional Pain Syndrome associated with an industrial injury date of June 16, 2006. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck and bilateral upper extremity pain, worse on the right, associated with bilateral shoulder, elbow, and wrist pain. On physical examination of the cervical spine, there was limited range of motion on all planes. There was tenderness over the bilateral occipital nerves, cervical spinous processes, interspaces from C3-7, and facet joints from C3-7. Provocation test was positive. There were tightness, tenderness, and trigger points in the cervical spine paravertebral muscles, trapezius, levator scapula, supraspinatus, and infraspinatus muscles bilaterally. There was swelling around both elbows and burning in the left elbow. Her palms were sweaty and there was fingernail clubbing bilaterally, worse on the left. Upper extremity reflexes were absent at both triceps. There was diminished sensation to touch at the right medial and lateral aspect of the forearm and hand. There was decreased handgrip strength bilaterally. Elbow examination revealed tenderness over the medial and lateral epicondyles on the right. There was hypersensitivity to touch and allodynia over both elbows. EMG/NCS of the upper extremities dated April 18, 2013 showed findings indicative of mild-to-moderate bilateral carpal tunnel syndrome and left ulnar neuropathy about the wrist. Right elbow MRI dated April 23, 2013 demonstrated mild tendinopathy of the attachment of the long head of the biceps tendon to the radial tuberosity. Left wrist MRI dated April 23, 2013 demonstrated complete bony fusion of the lunotriquetral joint and was likely congenital. There was a questionable fibrous coalition between the trapezium and trapezoid bones. There was abnormal increased signal intensity and morphology seen in the triangular fibrocartilage complex. Treatment to date has included medications; home exercise program; cervical epidural

steroid injection; bilateral wrist joint injection; bilateral median, ulnar, and radial nerve block; carpal tunnel surgeries; and left elbow transposition. Utilization review from April 2, 2014 modified the request for Bilateral Stellate Ganglion Block times three (3) to a left-sided stellate ganglion block times one followed by a right-sided stellate ganglion block times one because a series of three blocks were not considered necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Stellate Ganglion Block times three (3): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks Page(s): 39.

Decision rationale: According to page 39 of the California MTUS Chronic Pain Medical Treatment Guidelines, stellate ganglion blocks are recommended only for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Moreover, guidelines state that systematic reviews reveal a paucity of published evidence supporting the use of sympathetic blocks for the treatment of CRPS and usefulness remains controversial. No controlled trials have shown any significant benefit from sympathetic blockade. In this case, the patient was diagnosed with complex regional pain syndrome and bilateral stellate ganglion blocks were requested to decrease her upper extremity sensitivity and allodynia sensation. However, the present request is for three blocks. There was no rationale provided as to why three blocks will be needed. Guidelines state that repeat blocks are only recommended if continued improvement is observed. There is no clear indication for three blocks at this time. Therefore, the request for Bilateral Stellate Ganglion Block times three (3) is not medically necessary.