

Case Number:	CM14-0064322		
Date Assigned:	07/11/2014	Date of Injury:	12/01/2010
Decision Date:	08/27/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/06/2014

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 and is licensed to practice in 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 47 year old female whose date of injury is December 01, 2010. The mechanism of injury is described as cumulative trauma. Follow up note dated March 27, 2014 indicates that the injured worker underwent right stellate ganglion block one week ago (03/21/14). The injured worker was felt to have symptoms consistent with complex regional pain syndrome after undergoing ulnar nerve release. The injured worker reports 70% relief of her pain symptoms after stellate ganglion block and noticed some return of her pain over the past one or two days. Diagnoses are complex regional pain syndrome, type I; status post ulnar nerve transposition; neuropathic pain; and status post gastric bypass. Agreed medical examination dated April 24, 2014 indicates additional blocks may be required in the future. The injured workers condition can be considered permanent and stationary with maximum medical improvement achieved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat sympathetic nerve block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40.

Decision rationale: Based on the clinical information provided, the request for repeat sympathetic nerve block is not recommended as medically necessary. The injured worker reported approximately 70% pain relief after the previous injection; however, duration of relief is not documented. There is no documentation of increased functionality or decreased medication usage. CA MTUS Guidelines support repeat blocks only with evidence of continued improvement. Therefore, the requested block is not in accordance with CA MTUS Guidelines, and medical necessity is not established.