

Case Number:	CM14-0068488		
Date Assigned:	07/14/2014	Date of Injury:	07/02/2010
Decision Date:	09/26/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/13/2014

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 Orthopedic Surgery, Hand Surgery 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 43-year-old male who reported an injury on 07/02/2010 due to cumulative trauma. On 02/11/2014, the injured worker presented with pain in the right hand. The patient's medications included Motrin. The surgical history included a wrist tendon repair. An examination of the right wrist revealed hypersensitivity, pain, and weakness in hand grip. There were spontaneous temperature changes and intermittent mottling of the right extremity. The injured worker was using a brace for the right wrist and hand. The diagnoses were tendonitis, tenosynovitis of the wrist, reflex sympathetic dystrophy, wrist pain, and insomnia. Prior treatment included medications and a topical cream. Provider recommended a right stellate ganglion block. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist stellate ganglion block with anesthesia: Overturned

Claims Administrator 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.

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.

Decision rationale: The request for right wrist stellate ganglion block with anesthesia is medically necessary. The California MTUS states that there is limited evidence to support a stellate ganglion block. It is generally recommended for injured workers with a diagnosis or for therapy of complex regional pain syndrome (CRPS). This block is proposed for diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. The physical exam findings of the right wrist revealed hypersensitivity, pain, weakness in hand grip and spontaneous temperature changes and intermittent mottling of the right extremity. These are symptoms of CRPS and congruent with the guideline recommendations of a stellate ganglion block. As such, medical necessity has been established.