

Case Number:	CM14-0072400		
Date Assigned:	07/16/2014	Date of Injury:	01/21/2013
Decision Date:	09/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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 & Rehabilitation, 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 injured worker is a 47-year-old female with a reported date of injury on 01/21/2013. The mechanism of injury was noted to be from a slip and fall. Her diagnoses were noted to include reflex sympathetic dystrophy of the upper limb. Her previous treatments were noted to include medications, stellate ganglion blocks, and physical therapy. The progress note dated 04/23/2013 revealed the injured worker complained of chronic, severe, bilateral wrist pain due to carpal tunnel syndrome. The injured worker reported her pain radiated to her forearm with numbness and tingling and on a good day rated her pain 9/10 and on a bad day 10/10. The injured worker had a right stellate Bier block on 04/07/2014 which gave her 30% pain relief and functional improvement with increased range of motion and decreased swelling. The physical examination revealed decreased strength to the bilateral upper extremities but no evidence for sensory loss. The deep tendon reflexes in the upper and lower extremities were normal bilaterally. The upper extremity was noted to have acute swelling in the right hand with hyperalgesia, allodynia, and dystrophic nail and skin changes. The skin distally in the fingers was tight and shiny and had a bluish purplish discoloration in the right hand. The progress note dated 06/19/2014 revealed the injured worker complained of chronic, severe, bilateral wrist pain due to carpal tunnel syndrome. The physical examination revealed decreased strength to the bilateral upper extremities and no evidence for sensory loss. The deep tendon reflexes in the upper and lower extremities were normal bilaterally. The upper extremity was noted to have acute swelling in the right hand with hyperalgesia, allodynia, and dystrophic nail and skin changes. There was tight, shiny skin distally in the fingers and a bluish purplish discoloration in the right hand. The Request for Authorization Form dated 06/09/2014 was for physical therapy and stellate ganglion block with Bier block times 3 for reflex sympathetic dystrophy of the upper limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Stellate Ganglion Blocks, with 3 Bier Blocks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block Page(s): 103.

Decision rationale: The request for 3 stellate ganglion blocks with 3 Bier blocks is not medically necessary. The injured worker had 30% pain relief with the previous stellate ganglion block. The California Chronic Pain Medical Treatment Guidelines state there is limited evidence to support this procedure, with most of these reported pain case studies. The guidelines state this block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. The guidelines state there appears to be a positive correlation between efficacy and physical therapy is initiated (as studied in patients with CRPS of the hand). The guidelines note there should be a documented duration of symptoms for greater than 16 weeks before the initial stellate ganglion block and/or a decrease in skin perfusion of 22% between the normal and affected hands adversely affected the efficacy of the stellate ganglion block therapy. Adequacy of a sympathetic block should be recorded. The physician indicated acute swelling with hyperalgesia, allodynia, and dystrophic nail and skin changes. He also reported tight, shiny skin distally in the fingers with a bluish, purplish discoloration in the right hand. Therefore, due to the symptoms recorded for the upper extremity and a pain scale rated still a 9/10 did not indicate efficacy of the previous stellate ganglion block. Additionally, there was a lack of documentation regarding objective functional gains with the previous stellate ganglion blocks. The injured worker had reported 30% pain relief with the stellate ganglion block; however, there was the progress report 2 weeks after indicated her pain was rated 9/10 and the guidelines state efficacy should be 16 weeks. Therefore, the request is not medically necessary.

Physical Therapy x 6 sessions: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy times 6 sessions is not medically necessary. The injured worker has received previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommended active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to

continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. Patient specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in complex regional pain syndrome. The guidelines recommend for reflex sympathetic dystrophy, 24 visits over 16 weeks. There was a lack of documentation regarding number of previous sessions physical therapy completed. There was also a lack of current measurable objective functional deficits with quantifiable objective functional improvements with previous physical therapy sessions. Therefore, due to the lack of documentation regarding objective functional deficits and objective measurable gains, additional physical therapy is not warranted at this time. Therefore, the request is not medically necessary.