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| Case Number: | CM14-0075387 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 04/15/2008 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 04/28/2014 |
| Priority: | Standard | Application Received: | 05/23/2014 |

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:

According to the records made available for review, this is a 59-year-old female with a 4/15/08 date of injury. At the time (4/21/14) of request for authorization for Left Stellate Block/Brachial Plexus Block, there is documentation of subjective (left neck and left arm pain) and objective (swollen, mottled left hand) findings, current diagnoses (Complex Regional Pain Syndrome (CRPS) and thoracic outlet syndrome), and treatment to date (multiple stellate ganglion and brachial plexus blocks, with last one performed on 1/16/14 with two months of pain relief). There is no documentation of increased range of motion, medication use reduction and increased tolerance of activity and touch (decreased allodynia) in physical therapy/occupational therapy, as well as evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Stellate Block/Brachial Plexus Block: Upheld

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

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

Official Disability Guidelines (ODG) Pain, CRPS, sympathetic blocks (therapeutic); CRPS, treatment.

Decision rationale: Regarding stellate ganglion blocks, MTUS Chronic Pain Medical Treatment Guidelines identifies diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of stellate ganglion blocks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies increased range of motion, pain and medication use reduction and increased tolerance of activity and touch (decreased allodynia) in physical therapy/occupational therapy, as well as evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block, as criteria necessary to support the medical necessity of additional stellate ganglion blocks. In addition, ODG supports up to 6 blocks and 1 to 3 blocks for acute exacerbations. Regarding brachial plexus blocks, MTUS does not address this issue. ODG identifies that brachial plexus blocks are not recommended for the treatment of chronic pain/CRPS due to the lack of evidence for use and risk of complications including infection, intravascular injection, pneumothorax, and phrenic nerve paralysis. Within the medical information available for review, there is documentation of diagnoses of CRPS and thoracic outlet syndrome. In addition, given documentation of multiple stellate ganglion and brachial plexus blocks, with last one performed on 1/16/14 with two months of pain relief following previous injection, there is documentation of pain reduction. However, there is no documentation of increased range of motion, medication use reduction and increased tolerance of activity and touch (decreased allodynia) in physical therapy/occupational therapy, as well as evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Left Stellate Block/Brachial Plexus Block is not medically necessary.