

Case Number:	CM14-0081369		
Date Assigned:	07/18/2014	Date of Injury:	07/12/2010
Decision Date:	09/23/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/03/2014

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 Nevada. 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 39-year-old female who was reportedly injured on July 12, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 21, 2014, indicated that there were ongoing complaints of bilateral upper and lower extremity pain, as well as pain involving the face. The physical examination demonstrated an obese, well-kept individual in no apparent distress. The injured worker appeared to be emotionally labile. There was an unrelated comorbidity of bipolar disease and depression. There was diffuse tenderness to palpation throughout the lumbar paraspinal musculature. Motor function strength was described as 5/5 in the hips and 4/5 in the knee. The injured worker required a 4 wheeled walker. Some mild allodynia was noted on the dorsal aspect of each foot. Diagnostic imaging studies were not presented for review. Previous treatment included insertion of a spinal cord stimulator and revision of the leads. A request was made for bilateral stellate ganglion blocks and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral stellate ganglion block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39 and 103 of 127.

Decision rationale: When noting the date of injury, the injury sustained, and the current treatment relative to the diagnosis offered, there is insufficient clinical data to support this process. The devices have been monitored and adjusted probably, and there is a significant unrelated comorbidity of bipolar disease and depression. As such, based on the parameters outlined in the California Medical Treatment Utilization Schedule and by the physical examination findings and comorbidities, there is insufficient clinical evidence presented to support the medical necessity of this request.