

Case Number:	CM14-0083581		
Date Assigned:	07/21/2014	Date of Injury:	01/18/2011
Decision Date:	09/18/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/05/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of January 18, 2011. A Utilization Review was performed on May 16, 2014 and recommended non-certification of Lidoderm patches 5% 12 h on/off, right stellate ganglion block, rheumatologist consult, and right elbow dynamic splint. A Progress Report dated May 2, 2014 identifies Primary Complaints of severe neck pain radiating to the right shoulder. She reports that the second stellate ganglion block, which was administered on February 12, 2014 had helped in decreasing pain and increasing ability to perform activities of daily living, as well as improving her sleeping pattern. The patient also complains of severe constant right elbow pain with hypersensitivity and decreased mobility and strength. Objective Findings identify tenderness to palpation over the paravertebral musculature and right upper trapezius muscles with muscle guarding and spasms. Decreased cervical range of motion. Examination of the right elbow reveals post-operative changes. There is hyperesthesia and coolness with touch. Decreased right elbow range of motion. There is grade 4/5 muscle weakness. Diagnoses identify atypical reflex sympathetic dystrophy/complex regional pain syndrome, right upper extremity, status post right elbow surgery performed on February 17, 2012; status post contusion/sprain, right upper extremity, January 18, 2011, post-traumatic dynamic carpal tunnel syndrome/dynamic cubital tunnel syndrome; right shoulder contusion/periscapular strain/impingement with suspected thoracic outlet syndrome; sleep and psych complaints, deferred; and cervical and thoracolumbar spine sprain/strain secondary to abnormal biomechanics. Treatment Plan identifies given the patient's improvement of 70% to 80% after second stellate ganglion block, request a series of two right stellate ganglion blocks for therapeutic purposes, continue with medications including Lidoderm patch 5%, and request authorization for a right elbow dynamic splint for extension given the patient's loss of range of motion with extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

lidoderm patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.

right stellate ganglion block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SGB Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, CRPS, sympathetic blocks (therapeutic).

Decision rationale: Regarding the request for right stellate ganglion block, Chronic Pain Medical Treatment Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. ODG state that there should be evidence that all other diagnoses have been ruled out before consideration of use, as well as evidence that the Budapest criteria have been evaluated for and fulfilled. The guidelines go on to state that if a sympathetic block is utilized for diagnosis, there should be evidence that the block fulfills criteria for success including increased skin temperature after injection without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should also occur. For therapeutic injections, guidelines state that they are only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Within the documentation available for review, there is no indication that the Budapest criteria have been evaluated for and fulfilled, and there is no documentation that an appropriate diagnostic block with subsequent skin measurement, and motor and sensory testing, has been performed. In the absence of such documentation, the currently requested right stellate ganglion block are not medically necessary.

rheumatologist Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for Rheumatologist Consult, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no indication that a diagnosis is uncertain or extremely complex, psychosocial factors are present, or the plan or course of care may benefit from additional expertise. In light of the above issues, the currently requested Rheumatologist Consult is not medically necessary

Right elbow dynamic splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 238-239.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Static progressive stretch (SPS) therapy.

Decision rationale: Regarding the request for right elbow dynamic splint, California MTUS does not address this issue. ODG states static progressive stretch therapy may be considered appropriate for up to eight weeks when used for joint stiffness caused by immobilization, established contractures when passive ROM is restricted, and healing soft tissue that can benefit from constant low-intensity tension. Within the documentation available for review, there is no indication of joint stiffness caused by immobilization, established contractures when passive ROM is restricted, or healing soft tissue. In the absence of such documentation, the currently requested right elbow dynamic splint is not medically necessary.