

Case Number:	CM14-0091453		
Date Assigned:	07/25/2014	Date of Injury:	07/03/2009
Decision Date:	09/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 43 year old male who sustained an injury to his right hand on 07/03/09 when he got the distal tip of his right middle finger crushed, when a door was slammed abruptly on to his right hand. The injured worker underwent treatment that involved distal amputation of the distal tip of the right third phalanx. The injured worker was evaluated by an orthopedic surgeon and underwent further surgical treatment. The injured worker made an attempt to return to work in September of 2009, but had difficulty coping with his right hand pain and was sent home. The injured worker developed right upper extremity pain secondary to complex regional pain syndrome. The injured worker stated that he continued to work as a food runner at a restaurant, which aggravated his pain. He continued to try to work, but the pain was becoming so intense, that he felt himself getting desperate. Clinical note dated 06/05/14 reported that the injured worker continued to complain of pain 9-10/10 visual analog scale when he touched the tip of his middle finger. Physical examination noted pain to palpation and light touch in the distal right middle finger (third digit); no contracture in the middle finger; tenderness to palpation to spasm along the right forearm and upper arm; blanched distal third phalange of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Stellate Ganglion Block Fluoroscopic Guidance IV sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 103-4.

Decision rationale: There was no documentation that the injured worker has trialed more locally applicable treatment options including but not limited to contrast baths, tactile desensitization techniques, and the use of various over the counter irritant agents. The California Medical Treatment Utilization Schedule states that there is limited evidence to support this procedure, with most studies reported being case studies. The upper extremities may also be enervated by branches for Kuntz's nerves, which may explain inadequate relief of sympathetic related pain. Furthermore, the request included IV sedation. No information was submitted indicating the injured worker suffers from extreme anxiety or has a needle phobia that would warrant IV sedation. Given this, the request for right stellate ganglion blocks under fluoroscopic guidance and IV sedation is not indicated as medically necessary.