

Case Number:	CM14-0098542		
Date Assigned:	07/28/2014	Date of Injury:	12/08/2001
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/26/2014

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 Florida. 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 48-year-old male who reported an injury on 12/08/2001. The mechanism of injury was not stated. Current diagnoses include unspecified neuralgia, neuritis, and radiculitis; sprain/strain of unspecified site of the shoulder and upper arm; chronic pain; and cervical radiculopathy. The injured worker was evaluated on 05/28/2014 with complaints of ongoing left scapulothoracic pain. Previous conservative treatment included medication management and stellate ganglion blocks. The current medication regimen includes Seroquel, Lyrica, MiraLax, Percocet, clonazepam, clonidine, Cymbalta, and Topamax. Physical examination revealed tenderness to palpation over the cervical paraspinal muscle, hypersensitivity to touch in the left scapular region and deltoid, and intact sensation. Treatment recommendations at that time included authorization for 3 stellate ganglion nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left side stellate ganglion nerve block under flouroscopy and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC; Sympatheric Blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-105, 108.

Decision rationale: The California MTUS Guidelines state stellate ganglion blocks are recommended and are generally limited to the diagnosis and therapy for CRPS. There is limited evidence to support cervicothoracic sympathetic blocks. Thoracic sympathetic blocks are not recommended. There is also limited evidence to support lumbar sympathetic blocks. As per the documentation submitted, the injured worker has been previously treated with stellate ganglion blocks. Although the injured worker mentioned an improvement in symptoms, there was no documentation of the previous procedure(s) with evidence of objective functional improvement. Therefore, the current request is not medically necessary and appropriate.