MAXIMUS Federal Services

Case Number:	CM14-0130443		
Date Assigned:	09/26/2014	Date of Injury:	09/10/1996
Decision Date:	03/02/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female who suffered a work related injury on 09/10/1996. Diagnoses include severe end stage left carpal tunnel syndrome, Complex Regional Pain Syndrome/Reflex Sympathetic Dystrophy right upper extremity spreading to entire body, and 4 limb complex regional pain syndromes versus fibromyalgia. In a physician note dated 7/1/2014 the injured worker's pain level is 7 out of ten with medications and 10 without medications. She has widespread pain, especially in his left arm, wrist and hand. The progress note is hand written and partly illegible. Treatments have included steroid injections and stellate blocks. It is documented the injured worker went through withdrawal symptoms again after being cut off: joints ached, fever chills, head pain, 4 episode of vomiting, 3 days of diarrhea, and multiple episodes of pain that was "off the charts". Medications were filled 06/06/2014. The documentation notes the stellate ganglion blocks in the past helped for about a week or so. The request is for cervical stellate ganglion block. Utilization Review dated 7/16/2014 non-certifies the request for cervical stellate ganglion block citing California Medical Treatment Utilization Schedule (MTUS) - Chronic Pain Treatment Guidelines, and Official Disability Guidelines-Chronic Pain. It is noted that it is not evident form the medical records submitted for this review that the injured worker meets the guidelines criteria for repeat cervical stellate ganglion blocks. According to the guidelines, repeated blocks are only recommended if continued improvement is observed. In the initial diagnostic phase if less than 50 percent improvement is noted for the duration of the local anesthetic, no further blocks are recommended. In addition there should be

evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cervical Stellate Ganglion Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain Chapter)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Regional sympathetic blocks (stellate ganglion block, tho.

Decision rationale: The patient presents with chronic pain syndrome that has been present since 1995. The request is for RIGHT CERVICAL STELLATE GANGLION BLOCK. Patient's medications include Robaxin, Vyvanse, Zoloft, Oxycodone, and clonidins. Per progress report dated 07/01/14, the patient has had an extensive pain management history since 2003 including 3 stellate ganglion blocks, spinal cord stimulator trial, and implantation of cervical spine. There are no records indicating pain and functional improvements with respect to the previously administered stellate ganglion block. Patient’s diagnosis on 07/08/14 included complex regional pain syndrome, left carpal tunnel syndrome, major depressive affective disorder, recurrent episode, moderate, and generalized anxiety disorder. Patient is totally temporarily disabled. MTUS, page 39-40 states: "CRPS, sympathetic and epidural blocks. Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade." "Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; Poor coping skills; Litigation." MTUS p103-104 also states: "Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. " Treater does not state the reason for the request. In this case, the patient has been diagnosed with CRPS and previously received stellate ganglion block with no significant efficacy. In review of the provided medical records, there is no objective evidence of significant and sustained improvements with trial of stellate ganglion block. Repeated blocks are only recommended if continued improvement is observed. Therefore, the request IS NOT medically necessary.