

Case Number:	CM14-0203996		
Date Assigned:	12/18/2014	Date of Injury:	04/20/2011
Decision Date:	02/10/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for reflex sympathetic dystrophy reportedly associated with an industrial injury of April 20, 2011. In a Utilization Review Report dated November 7, 2014, the claims administrator denied a stellate ganglion block. The claims administrator invoked an RFA form received on October 31, 2014. The claims administrator noted that the applicant had had two prior arm surgeries and an unspecified number of prior stellate ganglion blocks. The applicant's attorney subsequently appealed. In a progress note dated May 31, 2013, the applicant received a left-sided stellate ganglion block to ameliorate the diagnosis of left reflex sympathetic dystrophy. On February 6, 2014, the applicant reported persistent complaints of neck pain, radiating to the left arm. The applicant developed issues with depression, fatigue, malaise, and burning upper extremity pain. The applicant was having difficulty performing activities of daily living as basic as gripping, grasping, dressing, showering, and cooking. 7-8/10 pain was noted. The applicant reported swelling about the arm. The applicant was described as disabled. A spinal cord stimulator was sought while Norco, Neurontin, Prilosec, and Flexeril were renewed. The applicant was seemingly asked to remain off of work. In a psychiatric medical-legal evaluation dated June 3, 2014, the applicant was described as totally and temporarily disabled from a mental health perspective owing to issues with major depressive disorder. The medical-legal evaluator did allude to the applicant's having undergone multiple left wrist surgery, including a left wrist arthrotomy, left first dorsal compartment release surgery, left elbow arthrotomy release surgery, and a medial epicondylar release surgery. The applicant had received two stellate ganglion blocks until May 15, 2012, it was noted, and went on to receive another stellate ganglion block on May 31, 2012, the medical-legal evaluator noted. On October 9, 2014, the attending provider sought authorization for repeat left stellate block on the grounds that the applicant's left upper

extremity pain had worsened. The applicant was again described as "currently disabled." Ongoing complaints of burning pain about the left upper extremity with associated difficulty gripping, grasping, cooking, showering, etc., were evident. A variety of medications, including Norco, were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left stellate ganglion block with anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 108.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Stellate Ganglion Block Page(s): 8,.

Decision rationale: While page 103 of the MTUS Chronic Pain Medical Treatment Guidelines does note that there is limited evidence to support stellate ganglion blocks in applicants with suspected complex regional pain syndrome, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work. The applicant has been deemed disabled, it has been suggested on multiple progress notes, referenced above, including on the October 9, 2014 progress note on which the stellate ganglion block was most recently requested. The applicant remains dependent on opioid agents such as Norco. The applicant continues to report difficulty performing activities of daily living as basic as gripping, grasping, dressing, cooking, and showering. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of at least four prior stellate ganglion blocks over the course of the claim. Therefore, the request for an additional stellate ganglion block is not medically necessary.