

Case Number:	CM14-0206383		
Date Assigned:	12/18/2014	Date of Injury:	01/31/2012
Decision Date:	02/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/09/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 01/30/2012. The date of the utilization review under appeal is 11/11/2014. This patient's diagnosis is possible complex regional pain syndrome of the left upper extremity. On 10/24/2014, the patient was seen in primary treating physician followup regarding left shoulder, left elbow, and left hand pain. The pain was improving in regard to medication and worse with activity. On physical examination the patient had very slightly decreased range of motion with tenderness over the acromioclavicular joint. The patient had tenderness over the medial and lateral aspects of the left elbow with full range of motion but only 4+ strength in flexion or extension. There was no allodynia, and there were no trophic changes, although there was some hypersensitivity of the dorsal portion of her hand and distal forearm. Initial review in this case included discussion with the physician who indicated that the patient had a prior injection, but details were not known. Overall, that review concluded the patient did not have a clinical history suggestive of complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion block to the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex regional pain syndrome, Sympathetic blocks Page(s): 39.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses sympathetic blocks in the setting of complex regional pain syndrome, page 39. This guideline recommends stellate ganglion blocks for a limited role, particularly for the diagnosis of sympathetic mediated pain and as an adjunct to physical therapy. The medical records in this case do not contain a current history and physical exam suggestive of complex regional pain syndrome. The requested stellate ganglion block, thus, is not supported by the guidelines. This request is not medically necessary.