

Case Number:	CM14-0209714		
Date Assigned:	12/22/2014	Date of Injury:	02/15/2007
Decision Date:	02/13/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old female with a 2/15/07 date of injury. At the time (11/3/14) of request for authorization for Right C7 stellate ganglion block, there is documentation of subjective (decreased pain and hypersensitivity of the right upper extremity) and objective (not specified) findings, current diagnoses (chronic regional pain syndrome of the right upper extremity), and treatment to date (medications and previous stellate ganglion injection (8/8/14)). Medical reports identifies that previous stellate ganglion injection continues to provide significant pain relief and allows the patient to work full-time and take minimal narcotics. There is no documentation that blocks are used as an adjunct to facilitate physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C7 stellate ganglion block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regional sympathetic blocks (stellate ganglion block, thoracic sym).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of sympathetically mediated pain and blocks used as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of sympathetic a blocks. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that repeated blocks are only recommended if continued improvement is observed. Within the medical information available for review, there is documentation of a diagnosis of chronic regional pain syndrome of the right upper extremity. In addition, there is documentation of sympathetically mediated pain. Furthermore, given documentation that previous stellate ganglion injection continues to provide significant pain relief and allows the patient to work full-time and take minimal narcotics, there is documentation of continued improvement from previous injection. However, there is no documentation that blocks are used as an adjunct to facilitate physical therapy. Therefore, based on guidelines and a review of the evidence, the request for Right C7 stellate ganglion block is not medically necessary.