

Case Number:	CM14-0069715		
Date Assigned:	07/14/2014	Date of Injury:	05/19/2011
Decision Date:	01/09/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 49 year old male with an injury date of 05/19/11. Based on the 02/07/14 progress report provided by treating physician, the injured worker complains of pain rated 7-10/10 to the left side of his body, particularly the left side of his head, jaw and upper arm. The injured worker is status post right MCA stroke 06/20/12 due to an air embolism, and was found to have patent foramen ovale. Injured worker has sensitivity to heat and cold, and wears a compression stocking on left arm. Physical examination to the left arm revealed swelling, red and blotchy skin color, and slightly warmer than right arm. Left lower leg with visible swelling and allodynia. Per progress report dated 04/04/14, in regards to the injured worker's upper and lower CRPS, chronic regional pain syndrome, exam is consistent with classic findings of RSD, regional sympathetic dystrophy. The injured worker underwent a series of two left stellate ganglion blocks each with longer periods of relief. The injured worker reported excellent relief for one day following the first block, and mild relief lasting four days following second block. Treating physician is requesting third stellate ganglion block due to therapeutic properties of the injection. The injured worker is continuing with weekly physical and aqua therapy sessions for strengthening and conditioning. Injured worker also had botox and trigger point injection in the neck and left arm, without any long term relief. Injured worker's medications include Nuvigil, Butrans patch, Norco, Zanaflex, Keppra, Nexium, Cymbalta, Gabapentin, Xanax and Senna. Diagnosis 04/04/14- unspecified reflex sympathetic dystrophy- unspecified cerebrovascular- cervical root lesions, not elsewhere classified- major depressive disorder, recurrent episode, unspecified- unspecified epilepsy without mention of Intractable epilepsy-spasm of muscle- obesity The utilization review determination being challenged is dated 04/18/14. The rationale is "the injured worker had mild relief for 4 days from the second stellate

ganglion block. However, there is limited evidence of sustained functional benefit from the second injection."Treatment reports were provided from 02/07/14 - 04/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Pain Procedure Summary⁹Last updated 04/10/2014), for the Use of Sympathetic Blocks

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks, Regional Sympathetic Blocks Page(s): 39-40; 103-104.

Decision rationale: 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 blocks (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies." UR letter dated 04/18/14 states, "the injured worker had mild relief for 4 days from the second stellate ganglion block. However, there is limited evidence of sustained functional benefit from the second injection." The injured worker underwent a series of two left stellate ganglion blocks each with longer periods of relief. The injured worker reported excellent relief for "one day" following the first block, and mild relief lasting "four days" following second block. Examination findings showed hypersensitivity, dystrophic skin changes, swelling, discoloration, and the hallmark signs of CRPS. The request meets MTUS indications and treating physician has documented improvement. The request for Stellate Ganglion Block is medically necessary.