

Case Number:	CM15-0001133		
Date Assigned:	01/12/2015	Date of Injury:	01/20/2014
Decision Date:	03/30/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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:

The injured worker is a 47 year old male who sustained an industrial injury on 1/20/14. The injured worker reported symptoms in the left hand and wrist. The diagnoses included contusion of forearm, crushing injury of forearm, other affections shoulder region, chronic pain syndrome, carpal tunnel syndrome, lesion of ulnar nerve, sprains/strain of neck, Mononeuritis arm other, and cervicobrachial syndrome. Treatments to date have included physical therapy, splinting, activity restrictions, oral medications, and aquatic therapy. Provider documentation dated 12/11/14 noted the injured worker presents with pain in the left hand and wrist with radiation "distally into the 5th digit and across the volar aspect of the wrist", frequency was noted as "constant", left elbow pain was noted as "constant...aching, burning" as well as left shoulder pain. The treating physician is requesting a stellate ganglion block. On 12/22/14, Utilization Review non-certified a request for a stellate ganglion block. The MTUS, ACOEM Guidelines, (or ODG) was cited.

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 Regional Sympathetic Blocks(stellate ganglion block, thoracic symp).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103.

Decision rationale: The injured worker is being treated for a crush injury to the upper extremity diagnosed with chronic pain and reflex sympathetic dystrophy of the left upper limb. Electrodiagnostic testing performed on 10/22/14 was a normal study of the left upper limb. Request is being made for repeat ganglion block. Records indicate that 10 days of pain relief was reported by the injured worker following the first ganlion block by [REDACTED]. MTUS guidelines indicate that stellate ganglion blocks are indicated for pain of CRPS diagnosis and treatment of sympathetic pain involving the face, head and neck and upper extremities. Repeat blocks are indicated when a adequacy of block is demonstrated and somatic block of the arm is ruled out. For the upper extremity, measurement of surface temperature difference indicates a sympathetic block which was not provided in the available records. Records do not provide adequate data suggesting a successful first sympathetic block. The request for repeat regional sympathetic block is therefore not medically necessary.