

Case Number:	CM15-0102332		
Date Assigned:	06/04/2015	Date of Injury:	03/10/2014
Decision Date:	07/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/27/2015

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, Pain Management

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 48 year old female, who sustained an industrial injury on 3/10/14. She reported pain in the right wrist and lower back after lifting a heavy object. The injured worker was diagnosed as having complex regional pain syndrome of the right wrist, status post distal radius fracture and low back pain. Treatment to date has included a right stellate ganglion block on 10/27/14 and 11/10/14, right wrist x-rays on 6/4/14 and physical therapy. Current medications include Anaprox, Lexapro, Protonix and Norco. On 12/9/14, the injured worker reported 30% overall improvement of her pain symptoms following the right stellate ganglion blocks. She rates her pain 7/10, but is reduced to 4/10 with medications. As of the PR2 dated 4/13/15, the injured worker reports continued pain in her right upper extremity and low back pain. Objective findings include swelling about the right wrist, extreme tenderness and sensitivity and skin mottling. The treating physician requested a right stellate ganglion block x 2 and a neuropsych evaluation for a possible cervical spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right stellate ganglion blocks x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X MTUS (Effective July 18, 2009), 8 C.C.R. 9792.20 - 9792.26 Page(s): 103-104 of 127.

Decision rationale: Regarding the request for stellate ganglion injections, Chronic Pain Medical Treatment Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. ODG state that there should be evidence that all other diagnoses have been ruled out before consideration of use, as well as evidence that the Budapest criteria have been evaluated for and fulfilled. The guidelines go on to state that if a sympathetic block is utilized for diagnosis, there should be evidence that the block fulfills criteria for success including increased skin temperature after injection without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should also occur. For therapeutic injections, guidelines state that they are only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Within the documentation available for review, there was 30% pain relief noted with prior injections, but the other criteria noted above have not been clearly documented. In the absence of such documentation, the currently requested stellate ganglion injections are not medically necessary.

Neuropsych Evaluation for possible cervical scs trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 38, 101, 105-107 of 127.

Decision rationale: Regarding the request for a neuropsych evaluation for possible cervical SCS trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, it appears that the patient has CRPS despite extensive conservative treatment. The provider also recommended withdrawing the request for stellate ganglion blocks as additional blocks were not expected to provide significant benefit at this point. Given all of the above, the currently requested neuropsych evaluation for possible cervical SCS trial is medically necessary.