

Case Number:	CM15-0014417		
Date Assigned:	02/02/2015	Date of Injury:	09/02/2014
Decision Date:	04/16/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 43-year-old who has filed a claim for complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of September 2, 2014. In a Utilization Review Report dated December 31, 2014, the claims administrator denied a request for weekly sympathetic blocks. A December 15, 2014 progress note and associated December 18, 2014 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. In a progress note of December 15, 2014, the applicant reported ongoing complaints of left upper extremity pain, left forearm pain, and neck pain. MRI imaging of the hand was reportedly unremarkable. Allodynia and erythema were appreciated about the left hand. Work restrictions were endorsed. It was suggested that the applicant was working with said limitations in place. The applicant was using working Motrin and Norco for pain relief with some success, it was suggested. Laboratory testing, urine drug testing, and six sympathetic ganglions blocks were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic Blocks, Once Weekly for 6 Weeks Left C6: 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 CRPS, sympathetic and epidural blocks Page(s): 39.

Decision rationale: No, the request for once weekly sympathetic ganglions blocks for six weeks was not medically necessary, medically appropriate, or indicated here. While page 39 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend sympathetic blocks for limited role in a diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy in applicants with CRPS, page 39 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its recommendation by noting that repeated blocks are recommended only if continued improvement is observed following initial blocks. Here, thus, the request for six consecutive sympathetic blocks runs counter to the MTUS principles and parameters, as it does not contain a proviso to reevaluate the applicant after the first block so as to ensure a favorable response to the same before moving forward with further blocks. Therefore, the request was not medically necessary.