

Case Number:	CM15-0130475		
Date Assigned:	07/16/2015	Date of Injury:	05/27/2014
Decision Date:	09/02/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/07/2015

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: Emergency 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 injured worker is a 66 year old female, who sustained an industrial injury on 5-27-2014. She reported cumulative trauma and repetitive use injuries to bilateral upper extremities. Diagnoses include extremity pain, hand pain, joint pain, Complex Regional Pain Syndrome (CRPS) of upper limb, shoulder pain, lateral epicondylitis, tendinitis and wrist pain. Treatments to date include medication therapy and physical therapy and cortisone injections. Currently, she complained of pain and numbness in bilateral upper extremities, wrists, and hands. On 6-3-15, the physical examination documented decreased right shoulder range of motion with a positive Speed's test. The right hand demonstrated allodynia, tenderness and decreased sensation. The plan of care included Stellate Ganglion Block, right side, requested on 5-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right stellate ganglion block: 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 Page 57 Lumbar sympathetic block Page(s): 57.

Decision rationale: The requested Right stellate ganglion block is not medically necessary. CA MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines Page 57 Lumbar sympathetic block, note: "Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity." The injured worker has pain and numbness in bilateral upper extremities, wrists, and hands. On 6-3-15, the physical examination documented decreased right shoulder range of motion with a positive Speed's test. The right hand demonstrated allodynia, tenderness and decreased sensation. The treating physician has not documented sufficient exam evidence of CRPS. The criteria noted above not having been met, Right stellate ganglion block is not medically necessary.