

Case Number:	CM15-0142245		
Date Assigned:	08/03/2015	Date of Injury:	05/07/2013
Decision Date:	09/01/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 37 year old female, who sustained an industrial injury on 5-7-13. She has reported initial complaints of a left wrist injury. The diagnoses have included Complex regional pain syndrome (CRPS), Reflex sympathetic dystrophy syndrome with exacerbation of pain in the left arm, forearm and elbow, and depression secondary to chronic pain. Treatment to date has included medications, activity modifications, multiple left hand surgeries, physical therapy, left stellate ganglion block, other modalities and home exercise program (HEP). Currently, as per the physician advanced pain management letter of medical necessity and interim progress note dated 6-24-15, the injured worker complains of left arm pain and increased pain in the left hand and wrist. She has burning sensation and numbness to the left hand and wrist. There is increased pain with touch and movement. She states the pain is interfering with activities of daily living (ADL) and rates the pain 8 to 9 out of 10 on the pain scale. The injured worker had previous stellate ganglion block with more than 70 percent relief lasting more than 6 weeks of the left arm pain. The current medications included Norco, Lyrica and Zanaflex. The physical exam reveals positive allodynia, hyperalgesia, and hyperesthesia of the left elbow, forearm and hand. There is 2+swelling of the left forearm and hand due to increased sensitivity to touch and pressure of the left hand and forearm. The left hand is cold compared to the right. The physician requested treatment included Repeat left stellate ganglion block under fluoroscopy with anesthesia for left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left stellate ganglion block under fluoroscopy with anesthesia for left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block Page(s): 108. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back section, Stellate ganglion block.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, repeat left stellate ganglion block under fluoroscopy with anesthesia for the left wrist is not medically necessary. Intravenous regional sympathetic blocks (for RSD/CRPS) are not recommended due to lack of evidence for use. There is no role for IV diagnostic blocks with phentolamine or IVRA with guanethidine. Due to modest benefits and the invasiveness of the therapy, intravenous sympathetic blocks with bretylium should be offered only after careful counseling and should be followed by intensive physical therapy. There is very limited scientific evidence to support this treatment, although it is recommended as an option in certain cases when there are no other alternatives. Any additional blocks must be based on objective evidence of improvement. In this case, the injured worker's working diagnosis is CRPS (RSD) left arm. According to the guidelines, stellate ganglion blocks are recommended only for a limited role, primarily for the diagnosis of sympathetic mediated pain and as an adjunct to physical therapy. The injured worker has received multiple stellate ganglion blocks in the past. There is no documentation of objective functional improvement as a result of prior stellate ganglion blocks. A November 13, 2014 progress note states 50% relief for eight weeks. A March 30, 2015 progress note states 70% relief for three weeks. The injured worker is still not working and remains totally disabled despite multiple prior stellate ganglion blocks. There has been no reduction in opiate use or antiepileptic drugs (Lyrica). The documentation from a May 26, 2015 progress note does not contain a request for a stellate ganglion block. According to a May 9, 2015 occupational therapy discharge note, the injured worker discontinued treatment without notice to the provider. Stellate ganglion blocks are recommended as an adjunct to physical therapy. The injured worker discontinued physical therapy as of March 12, 2015. Consequently, absent clinical documentation of ongoing physical therapy and objective functional improvement associated with prior stellate ganglion blocks, repeat left stellate ganglion block under fluoroscopy with anesthesia for the left wrist is not medically necessary.