

Case Number:	CM15-0143390		
Date Assigned:	08/04/2015	Date of Injury:	08/15/2014
Decision Date:	09/01/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 62-year-old female who sustained an industrial injury on 08-15-14. Initial complaints and diagnoses are not available. Treatments to date include medications, casting, activity modification, and physical therapy. Diagnostic studies include a three-phase bone scan and x-rays. Current complaints include pain and pressure in the left arm, pain in the left side of the neck, and dizziness. Current diagnoses include complex regional pain syndrome, chronic pain due to trauma, and obesity. In a progress note dated 07-01-15 the treating provider reports the plan of care as Cymbalta, and stellate ganglion blocks in a series of 3 to the left side under fluoroscopy guidance. The requested treatment includes 1 stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient one stellate ganglion block: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines stellate ganglion block- Page(s): 55.

Decision rationale: According to the guidelines, stellate ganglion blocks are indicated for chronic regional pain syndrome. In this case, the claimant has RSD and CRPS and has failed conservative treatment. The claimant had been undergoing concomitant physical therapy as well. The request for the block is appropriate and medically necessary.