

Case Number:	CM15-0145523		
Date Assigned:	08/06/2015	Date of Injury:	02/15/2007
Decision Date:	09/09/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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, Massachusetts

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 injured worker is a 66 year old female, who sustained an industrial injury on 2-15-2007. Diagnoses include chronic regional pain syndrome left upper extremity, right wrist pain with tendinitis of the right wrist and myofascial pain syndrome. Treatment to date has included medication management, TENS, stellate ganglion injections and heat application. Per the Primary Treating Physician's Progress Report dated 4-08-2015, the injured worker reported pain rated as 6 out of 10 and about the same since the last visit. Physical examination revealed hyperalgesia and allodynia noted on gentle touch. The fingers had full extension and flexion to distal palmar crease without restriction. There was no subluxation of the metacarpophalangeal joints or interphalangeal joints. There was no crepitation upon range of motion. The plan of care included medication management and referral top a psychiatrist. Authorization was requested for stellate ganglion block in the left arm and a neuropsychologist consultation to address cognitive behavioral therapy, relaxation and breathing exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychologist consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, 2004 page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127.

Decision rationale: According to ACOEM OMPG, CA MTUS is silent, "health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain or course of care may benefit from additional expertise". From my review of the records, the treating provider has outlined the complexity of the IW's care. This is evidenced by documented reports of failure to improve and return to normal functional capacity, emotional liability and psychosocial factors which have necessitated referral to psychiatrist, and multiple co-morbid conditions. Based on the above the IW's care is considered complex including psychosocial factors and I believe that psychological consultation would prove to be beneficial for her care. Therefore, the request is medically necessary.

Stellate Ganglion Block for the left arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39, 103. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS Page(s): 39.

Decision rationale: According to CA MTUS, stellate ganglion block is "recommended for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. It should be noted that sympathetic blocks are not specific for CRPS. See Sympathetically maintained pain (SMP). Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade. (Varrassi, 2006) (Cepeda, 2005) (Hartrick, 2004) (Grabow, 2005) (Cepeda, 2002) (Forouzanfar, 2002) (Sharma, 2006) Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; Poor coping skills; Litigation. (Hartrick, 2004) (Nelson, 2006)". Based on these guidelines the requested stellate ganglion block is not indicated for this IW. From my review of the records I understand that prior 4 blocks in 2008 were successful, however as mentioned in the guidelines blockade is recommended either to aid in diagnosis or in conjunction with physical therapy. From my review, it is apparent that the diagnosis has already been made with previous ganglion blocks and this current request is not made as an "adjunct to facilitate physical therapy". Additionally most patients are not likely to respond to blockade and based on the IW's history of chronic pain, long duration of symptoms and co-morbidities, likelihood of good response is further diminished. Therefore, the request is not medically necessary.