

Case Number:	CM15-0147858		
Date Assigned:	08/10/2015	Date of Injury:	10/06/2014
Decision Date:	09/08/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/29/2015

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 27-year-old female, who sustained an industrial injury on October 6, 2014. The injured worker was diagnosed as having chronic pain syndrome, pain in joint of shoulder, pain in joint of hand and complex regional pain syndrome (CRPS). Treatment to date has included medication. A progress note dated July 6, 2015 provides the injured worker complains of right wrist pain radiating to the shoulder elbow and hand and wrist. She rates the pain 8 out of 10 and unchanged. She reports the medications are ineffective and would like to try something different. Physical exam notes moderate distress, depressed and tearful. There is painful decreased cervical range of motion (ROM), tenderness to palpation and spasm. There is right upper extremity decreased range of motion (ROM). The plan includes stellate ganglion block and occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 6 sessions to the right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy six sessions to the right upper extremity is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are reflex sympathetic dystrophy upper limb; chronic pain syndrome; pain in joint shoulder; cervicalgia; and brachial neuritis or radiculitis NOS. The date of injury is October 6, 2014. The request for authorization is dated July 20, 2015. According to an April 10, 2015 progress note, injured worker had a stellate ganglion block performed. Two days later on April 8, 2015, there was 25% improvement noted. Subjectively, the injured worker has ongoing right wrist and elbow pain. Six occupational therapy visits were authorized. In a physical therapy progress note dated April 30, 2015, the injured worker completed six out of six physical therapy sessions. There was continued severe hypersensitivity and pain in the right upper extremity. There was no documentation demonstrating objective functional improvement from prior physical therapy. According to a June 9, 2015 progress note, there is elbow and wrist pain 7/10. There is no mention subjectively of the prior stellate ganglion block with reference to the time duration of improvement. Medications include tramadol, cyclobenzaprine, bupropion and Senna. Objectively, there are skin changes noted, swelling decreased range of motion and temperature changes. The treatment plan shows the treating provider is requesting a second stellate ganglion block. The documentation indicates the first ganglion block reduced numbness in the right hand, increased pain in the right elbow and shoulder. As noted above, there is no documentation demonstrating objective functional improvement from prior physical therapy/occupational therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. The total number of physical therapy sessions to date is not specified. Consequently, absent clinical documentation demonstrating objective functional improvement, continued severe hypersensitivity and pain in the right upper extremity after the initial six physical therapy sessions and compelling clinical facts indicating additional physical therapy is warranted, occupational therapy six sessions to the right upper extremity is not medically necessary.

Stellate ganglion block 1 time: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block).

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) Pain section, Stellate ganglion block.

Decision rationale: Pursuant to the Official Disability Guidelines, stellate ganglion blocks times one 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 invasive nature 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 diagnoses are reflex sympathetic dystrophy upper limb; chronic pain syndrome; pain in joint shoulder; cervicgia; and brachial neuritis or radiculitis NOS. The date of injury is October 6, 2014. The request for authorization is dated July 20, 2015. According to an April 10, 2015 progress note, injured worker had a stellate ganglion block performed. Two days later on April 8, 2015, there was 25% improvement noted. Subjectively, the injured worker has ongoing right wrist and elbow pain. Six occupational therapy visits were authorized. In a physical therapy progress note dated April 30, 2015, the injured worker completed six out of six physical therapy sessions. There was continued severe hypersensitivity and pain in the right upper extremity. There was no documentation demonstrating objective functional improvement from prior physical therapy. According to a June 9, 2015 progress note, there is elbow and wrist pain 7/10. There is no mention subjectively of the prior stellate ganglion block with reference to the time duration of improvement. Medications include tramadol, cyclobenzaprine, bupropion and Senna. Objectively, there are skin changes noted, swelling decreased range of motion and temperature changes. The treatment plan shows the treating provider is requesting a second stellate ganglion block. The documentation indicates the first ganglion block reduced numbness in the right hand, increased pain in the right elbow and shoulder. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines, no objective functional improvement with 25% pain relief and no time duration for pain relief from the first stellate ganglion block, stellate ganglion block times one is not medically necessary.