

Case Number:	CM15-0160912		
Date Assigned:	08/27/2015	Date of Injury:	10/28/2013
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on 10-28-2013. Diagnoses include Complex Regional Pain Syndrome (CRPS) in the right upper extremity, anxiety and depression. Treatment to date has included medications and a right stellate ganglion block which did help but now the pain is unstable and unchanged. She reports 40% improvement since the injection. Per the Primary Treating Physician's Progress Report dated 4-10-2015, the injured worker reported right shoulder and right arm pain rated as 6 out of 10 in severity on a subjective scale. Physical examination of the upper extremities revealed mild hypersensitivity in the right forearm and mild right wrist pain. There was decreased extension and crossed shoulder on the right side upon range of motion testing. The plan of care included medication management. Authorization was requested for bilateral stellate ganglion blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Blocks Bilateral: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) CRPS, sympathetic blocks (therapeutic).

Decision rationale: The claimant sustained a work injury in October 2013 and is being treated for bilateral upper extremity pain. When seen, pain was rated at 9-10/10. Physical examination findings included mild right forearm hypersensitivity with mild right wrist pain. There was left upper extremity allodynia and slight coldness. There was decreased right shoulder range of motion and strength. The assessment references developing increasing left upper extremity pain, appearing to be early-onset CRPS. Prior treatments had included a right stellate ganglion block with a reported 60-70% improvement. Authorization was requested for bilateral stellate ganglion blocks. Medications were refilled. Criteria for a cervical sympathetic (stellate ganglion) block include that there should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Sympathetic blocks are not a stand alone treatment. In this case, the physical examination findings reported do not fulfill the required criteria for a diagnosis of CRPS and no adjunctive treatment is being planned. This request for bilateral blocks is not medically necessary.