

Case Number:	CM15-0165062		
Date Assigned:	09/02/2015	Date of Injury:	01/28/2010
Decision Date:	10/05/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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: North Carolina
 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:

This 41 year old female sustained an industrial injury to the neck, right shoulder, elbow and wrist on 1-28-10. Previous treatment included right lateral extensor tendon release (2012), right elbow radial nerve release (November 2014), physical therapy, stellate ganglion block, bracing and medications. In a PR-2 dated 5-27-15, the injured worker was noted to be status post stellate ganglion injection with reduction in burning and electrical shocks with 50% relief. The physician stated that electrodiagnostic testing done after the injection was within normal limits. In a PR-2 dated 6-24-15, the injured worker complained of chronic right upper extremity pain with burning, electric shocks. The injured worker was now complaining of burning, electrical, cold sensation to the radial forearm. The injured worker's symptoms were increasing. The injured worker reported much less nerve pain in the elbow status post stellate ganglion injection. The injured worker was requesting a repeat injection for further amelioration of pain. Physical exam was remarkable for right upper extremity with skin color changes, allodynia, dyesthesias, hyperesthesias and swelling. Current diagnoses included rule out right upper extremity chronic regional pain syndrome, right upper extremity (elbow) surgery with complications, carpal tunnel syndrome and right upper extremity neuropathy. The treatment plan consisted of right stellate ganglion injection, refilling medications (Neurontin) and considering tapering of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion right side under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic blocks Page(s): 39-40.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines stellate ganglion blocks Page(s): 108.

Decision rationale: The California MTUS section on stellate ganglion injections states: Stellate ganglion block. Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment. Detailed information about stellate ganglion blocks, thoracic sympathetic blocks, and lumbar sympathetic blocks is found in Regional sympathetic blocks. The patient does have the diagnosis of CRPS with previous good results from the requested service. Therefore, the request is medically necessary.