

Case Number:	CM15-0182486		
Date Assigned:	09/23/2015	Date of Injury:	06/13/2014
Decision Date:	11/03/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/16/2015

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, 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:

The injured worker is a 41 year old female with an industrial injury 06-03-2014. Medical record review indicated she was being treated for tennis elbow, lateral epicondylitis - left elbow and bilaterally developing sympathetically medicated pain syndrome left upper extremity. Subjective complaints (07-15-2015) included swelling of the left upper extremity, "burning" dysesthesia in the left upper extremity, and "having a hard time closing the fingers in her left hand." Objective findings (07-15-2015) revealed "the left arm, hand and fingers are slightly swollen as compared to the right side." The treating physician documented there was no definite temperature change to palpation. There was limited range of motion of fingers, "burning" and dysesthesia in the left elbow and left forearm. Documentation also notes the injured worker was having "some slight loss of the proximal interphalangeal and distal interphalangeal flexion of the left index finger on first attempted fist clenching." Her pain level was rated as 8 at the 07-23-2015 visit. Work status is documented (07-15-2015) as "temporary total disability" until 07-29-2015. In the 05-21-2015 treatment note the treating physician documented electromyography and nerve conduction tests were "within normal limits." In the 08-19-2015 the treating physician documented a review of the MRI dated 02-14-2015 and documented it as follows: "There is mild to intermediate grade tearing of the common extensor tendon at its origin." Prior treatment included occupational therapy, acupuncture, cortisone injections, physical therapy and medications. In the 07-23-2015, note the treating physician documents: "The patient is not taking any pain medication because of her sensation stomach." The treatment request is for left stellate ganglion injection. On 08-27- 2015 the request is for left stellate ganglion injection was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Stellate Ganglion Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Stellate ganglion block.

Decision rationale: CA MTUS states that stellate ganglion blocks are generally limited to diagnosis and treatment of Chronic Regional Pain Syndrome (CRPS). However regional sympathetic blocks are weakly supported in the diagnosis and treatment of CRPS. The ODG states that there should be evidence that all other diagnoses have been ruled out, as well as evidence that the Budapest or Harden criteria have been evaluated for and confirmed. In this case, the medical records did not meet established criteria for the diagnosis of CRPS. The records also do not indicate that other pain generators have been ruled out. Therefore the request is not medically necessary or appropriate.