

Case Number:	CM15-0182730		
Date Assigned:	09/23/2015	Date of Injury:	07/29/2013
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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: Virginia

Certification(s)/Specialty: Neurology

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 56 year old male who sustained an industrial injury on 07-29-2013. Current diagnoses include open wound-hand, wrist sprain-strain, and carpal tunnel syndrome. Report dated 09-02-2015 noted that the injured worker presented with complaints that included swelling of the 2nd and 3rd fingers of the right hand and pain to deep pressure over the fingers, hand, forearm. Pain level was not included. Physical examination performed on 09-02-2015 revealed pain deep pressure over the fingers, hand, forearm, and decreased range of motion and sensation. Previous diagnostic studies included an EMG-NCV study, right wrist MRI, and cervical spine MRI. Previous treatments included medications, surgical interventions. The treatment plan included request for authorization of a sympathetic block for the right upper extremity due to symptoms of regional pain syndrome. Request for authorization dated 09-04-2015, included requests for sympathetic block for the right upper extremity. The utilization review dated 09-10-2015, non-certified the request for a sympathetic block for the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic block for the right upper extremity: 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): Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block).

Decision rationale: MTUS guidelines states that regional sympathetic blocks are generally limited to diagnosis and therapy for regional pain syndrome. There is limited evidence to support a cervical sympathetic block in treatment of patients with chronic pain. Systematic reviews revealed a paucity of evidence to support the use of local anesthetic sympathetic blocks for the treatment of chronic regional pain syndrome. Less than one third of patients are likely to respond to this procedure. No controlled trials have shown any significant benefit from sympathetic blockade. The injured worker in this case has documented carpal tunnel syndrome in the medical record as well as symptoms of subjective swelling in the second and third digits of the right hand. The workup reveals a normal EMG dated 9/3/2015. There is no evidence in the record to support a specific diagnosis of complex regional pain syndrome in this patient. Therefore, according to the guidelines, and a review of the evidence, treatment with a sympathetic block of the right upper extremity is not medically necessary.