

Case Number:	CM15-0186062		
Date Assigned:	09/28/2015	Date of Injury:	06/12/2009
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 45 year old female, who sustained an industrial injury on 6-12-2009. The injured worker was being treated for complex regional pain syndrome of the bilateral upper and lower extremities. On 5-21-2015, the injured worker underwent bilateral stellate ganglion blocks and bilateral lumbar sympathetic blocks. Per the treating physician (6-10-2015 report), the injured worker's bilateral stellate ganglion blocks lasted one week and decreased her pain from a 7 out of 10 to 4 out of 10 and the bilateral lumbar sympathetic blocks lasted two to three days and decreased her pain from 7 out of 10 to 4 out of 10. The injured worker reported she had pain primarily in the feet that was a stinging and sharp sensation. She reported her right leg gave out due to pain and she fell recently. The physical exam (6-10-2015) revealed the injured worker was in mild distress and used a 4-wheeled rolling walker to ambulate. There was intermittent piloercetion of the upper extremities, mild edema of the bilateral metacarpophalangeal joints, and positive to direct and indirect allodynia. The treating physician noted the "evaluation of the lower extremities is a similar exam with intermittent piloercetion, allodynia. The injured worker's toes were cold. Surgeries to date have included posterior lumbar fusion with instrumentation, posterior partial facetectomy, anterior osteotomy, anterior discectomy, anterior partial vertebrectomy with bilateral foraminotomies, and anterior fusion at L5-S1 (lumbar 5-sacral 1) in 2009. Treatment has included postoperative physical therapy, off work, work restrictions, lumbar epidural steroid injections, a spinal cord stimulator, sympathetic blocks, Ketamine infusions, and medications including oral pain, topical pain, anti-depressant, anti-epilepsy, and non-steroidal anti-inflammatory. The requested treatments included stellate ganglion blocks for the bilateral upper extremities and lumbar sympathetic blocks for the bilateral lower extremities. On 9-8-2015, the original utilization review non-certified a request for stellate ganglion blocks for the bilateral upper extremities and lumbar sympathetic blocks for the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Blocks for the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Guidelines Chronic Pain Chapter (Revised 8-8-08): Regional Sympathetic Blocks (includes Stellate Ganglion Blocks); Official Disability Guidelines, Pain Chapter, CRPS.

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 June 2009 when she tripped and fell over an extension cord. She had lumbar spine surgery in December 2009. Diagnoses include upper and lower extremity CRPS. On 01/20/15 bilateral lumbar sympathetic blocks were performed. Bilateral lumbar and bilateral stellate ganglion blocks were performed on 05/21/15. When seen, she reported the blocks done as not lasting as long as usual. There had been a decrease in pain from 7/10 to 4/10 for the upper extremity lasting for one week and lasting for 2-3 weeks in the lower extremities. She had stinging and sharp sensation in the toes and feet and was no longer having stabbing pain. There is reference to having the blocks and following up with pool therapy but she had been unable to do this due to a lack of transportation. Physical examination findings were upper extremity allodynia, mild edema, cool and dry skin, and intermittent piloerection. Similar findings were present in the lower extremities. Authorization is being requested for repeat sympathetic blocks. 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. In this case, there are no reported symptoms of upper extremity CRPS and the claimant's reported lower extremity symptoms do not fulfill the criteria for this diagnosis. The reported physical examination findings also do not fulfill the criteria. The request is not medically necessary.

Lumbar Sympathetic Blocks for the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Guidelines Chronic Pain Chapter (Revised 8-8-08): Regional Sympathetic Blocks (includes Stellate Ganglion Blocks); Official Disability Guidelines, Pain Chapter, CRPS.

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 June 2009 when she tripped and fell over an extension cord. She had lumbar spine surgery in December 2009. Diagnoses include upper and lower extremity CRPS. On 01/20/15 bilateral lumbar sympathetic blocks were performed. Bilateral lumbar and bilateral stellate ganglion blocks were performed on 05/21/15. When seen, she reported the blocks done as not lasting as long as usual. There had been a decrease in pain from 7/10 to 4/10 for the upper extremity lasting for one week and lasting for 2-

3 weeks in the lower extremities. She had stinging and sharp sensation in the toes and feet and was no longer having stabbing pain. There is reference to having the blocks and following up with pool therapy but she had been unable to do this due to a lack of transportation. Physical examination findings were upper extremity allodynia, mild edema, cool and dry skin, and intermittent piloerection. Similar findings were present in the lower extremities. Authorization is being requested for repeat sympathetic blocks. 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. In this case, there are no reported symptoms of upper extremity CRPS and the claimant's reported lower extremity symptoms do not fulfill the criteria for this diagnosis. The reported physical examination findings also do not fulfill the criteria. The request is not medically necessary.