

Case Number:	CM15-0189390		
Date Assigned:	10/01/2015	Date of Injury:	02/03/2011
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/25/2015

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:

This is a 60 year old female with a date of injury of February 3, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for reflex sympathetic dystrophy and chronic right wrist pain. Medical records dated June 11, 2015 indicate that the injured worker complains of persistent pain that has improved 50% since recent stellate ganglion block, and pain rated at a level of 5 to 8 out of 10. Records also indicate that medications are necessary to maintain functional pain control. A progress note dated September 4, 2015 notes subjective complaints of persistent signs and symptoms of the right wrist rated at a level of 5 to 8 out of 10, and increased headache pain. The physical exam dated June 11, 2015 reveals tenderness and spasm along the right trapezius, limited and painful range of motion of the right shoulder, and wearing bilateral wrist splints. The progress note dated September 4, 2015 documented a physical examination that showed no changes since the examination conducted on June 11, 2015. Treatment has included right stellate ganglion block, wrist splinting, and medications (Tramadol, Lexapro and Desonate gel since at least May of 2015). The original utilization review (September 10, 2015) non-certified a request for a right stellate ganglion block with anesthesia x-ray fluoroscopic guidance and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right stellate ganglion block with anesthesia x-ray fluoroscopic guidance 1: Upheld

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

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 February 2011 and is being treated for chronic wrist pain occurring while working as a cook with diagnoses including CRPS. A right stellate ganglion block on 06/03/15 is reported as having provided more than 50% improvement. When seen, pain was rated at 4/10. Medications were providing functional pain control. Physical examination findings were positive for bilateral foot edema and right trapezius tenderness and spasm with decreased and painful shoulder range of motion. There were right cervical spasms. Urine drug screening and a repeat stellate ganglion block are being requested. Urine drug screening in February 2015 was consistent with the prescribed medications. 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 current physical examination findings that would fulfill the criteria for a diagnosis of CRPS. Sympathetic blocks are also not a standalone treatment. The requested repeat block is not medically necessary.

Urine toxicology screen: 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): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a work injury in February 2011 and is being treated for chronic wrist pain occurring while working as a cook with diagnoses including CRPS. A right stellate ganglion block on 06/03/15 is reported as having provided more than 50% improvement. When seen, pain was rated at 4/10. Medications were providing functional pain control. Physical examination findings were positive for bilateral foot edema and right trapezius tenderness and spasm with decreased and painful shoulder range of motion. There were right cervical spasms. Urine drug screening and a repeat stellate ganglion block are being requested. Urine drug screening in February 2015 was consistent with the prescribed medications. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical

examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. This request for urine drug screening six months after the previous testing is not considered medically necessary. 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 current physical examination findings that would fulfill the criteria for a diagnosis of CRPS. Sympathetic blocks are also not a standalone treatment. The requested repeat block is not medically necessary.