

Case Number:	CM15-0193745		
Date Assigned:	10/07/2015	Date of Injury:	05/31/2014
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/02/2015

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 29 year old female, who sustained an industrial injury on 5-31-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right upper extremity Complex Regional Pain Syndrome (CRPS) stemming from a crush injury. On 8-5-2015, the injured worker reported significant right hand pain, remaining very limited functionally by the pain. The Primary Treating Physician's report dated 8-5-2015, noted the injured worker had not had benefit from the recent right stellate ganglion block on 7-22-2015, having difficulty with simple tasks using the right hand. The physical examination was noted to show the right hand with more prominent venous vasculature, hyperesthesia present over the dorsum of the right hand, pain to range of motion (ROM) of the right hand, and the right hand was noted to be cooler to touch than the left hand. Prior treatments have included right stellate ganglion blocks on 7-22-2015 and 4-15-2015 with Physician note dated 4-29-2015, noting the injured worker reported that she had not had significant improvement with the right stellate ganglion block on 4-15-2015, with perhaps some mild improvement for the first two days after which the pain returned to the significant pain as before. The treatment plan was noted to include a request for authorization to repeat the right stellate ganglion block one additional time as the injured worker would like to give it one more try. The injured worker's work status was noted to be temporary totally disabled. The request for authorization dated 9-11-2015, requested a right stellate ganglion block. The Utilization Review (UR) dated 9-21-2015, denied the request for a right stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Stellate Ganglion Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Acute & Chronic), CRPS, sympathetic blocks, Stellate Nerve Block.

Decision rationale: This is a review for the requested Right Stellate Ganglion Block. According to the MTUS Guidelines there is limited evidence to support Stellate Ganglion Block with a diagnosis of CRPS. This patient does have a documented diagnosis of CRPS and has had two previous stellate ganglion blocks without evidence of improvement in pain or increased range of motion. According to the ODG, repeat therapeutic blocks should only be performed if there is evidence of increased range of motion, pain and medication use reduction and increased tolerance of activity. According to the medical record there is little to no evidence of improvement in this patient. Therefore, the above listed issue is NOT medically necessary.