

Case Number:	CM15-0199589		
Date Assigned:	10/14/2015	Date of Injury:	09/06/2000
Decision Date:	12/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/10/2015

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, District of Columbia,
Maryland Certification(s)/Specialty: Anesthesiology, 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 48 year old female who sustained an industrial injury on 9-6-2000. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral wrist pain, right greater than left due to ulnar neuropathy and possible unresolved carpal tunnel syndrome and sympathetically medicated component of pain refractory to stellate ganglion blocks. Medical records (8-6-2015, 9-4-2015) indicate increased pain in the right hand, along with increased sensitivity to touch and more impaired functionality with the right hand. The injured worker reported that she felt that the benefit from the right hand stellate ganglion block on 1-7- 2015 had likely waned. The physical exam (9-4-2015) revealed limited range of motion of the right hand with limitation in finger extension. There was pain over the ulnar aspect of the right wrist and forearm to pressure. There was some increased hyperesthesia present over the right wrist. Per the progress reports dated 2-6-2015, 3-9-2015 and 4-7-2015, the injured worker continued to experience some improvement with the right stellate ganglion block, although she continued to have functionally limiting pain. She noted that that the color changes and sensitivity had decreased somewhat since the injection and she was able to straighten her right fingers a little more with less pain. Treatment has included acupuncture, massage therapy and medications (Ranitidine, Lidoderm patches, Lunesta, Nexium and Norco). The original Utilization Review (UR) (9-15-2015) denied a 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: Overturned

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): Stellate ganglion block.

Decision rationale: With regard to stellate ganglion block, MTUS CPMTG states "Recommendations are generally limited to diagnosis and therapy for CRPS." Per ODG: Recommendations (based on consensus guidelines) for use of sympathetic blocks (diagnostic block recommendations are included here, as well as in CRPS, diagnostic tests): (1) There should be evidence that all other diagnoses have been ruled out before consideration of use. (2) There should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. (3) If a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase (≥ 1.5 C and/or an increase in temperature to > 34 C) without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should occur. This is particularly important in the diagnostic phase to avoid overestimation of the sympathetic component of pain. A Horner's sign should be documented for upper extremity blocks. The use of sedation with the block can influence results, and this should be documented if utilized. (Krumova, 2011) (Schurmann, 2001) (4) Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled (See #1-3). These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. (5) In the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks. These blocks are generally given in fairly quick succession in the first two weeks of treatment with tapering to once a week. Continuing treatment longer than 2 to 3 weeks is unusual. (6) In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment. (7) There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase. (8) In acute exacerbations of patients who have documented evidence of sympathetically mediated pain (see #1-3), 1 to 3 blocks may be required for treatment. (9) A formal test of the therapeutic blocks should be documented (preferably using skin temperature). Per the medical records submitted for review, the injured worker was previously treated with right upper extremity stellate ganglion block 1/7/15. I respectfully disagree with the UR physician's assertion that objective benefits are not documented. Per the documentation, the injured worker experienced some improvement, sensitivity decreased and she was able to straighten her fingers a little more with less pain. The request is medically necessary.