

Case Number:	CM15-0200963		
Date Assigned:	10/19/2015	Date of Injury:	09/09/2013
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 38 year old male, who sustained an industrial injury on 9-9-13. The injured worker was diagnosed as having causalgia of upper limb; Reflex Sympathetic Dysfunction-right upper arm. Treatment to date has included injections, sympathectomy; medications. Currently, the PR-2 notes dated 9-3-15 are hand written and the provider appears to indicate the injured worker has "severe pain, gangrenous tip of right index finger." Objective findings are noted as: "gangrenous tip of index finger right hand, reflex sympathetic dysfunction". The treatment plan was a recommendation for cervicothoracic VATS sympathectomy. The provider's PR-2 dated 9-3-15 is requesting Thoracoscopic Cervical Thoracic Sympathectomy Related to Reflex Sympathetic Dysfunction. Typed PR-2 notes dated 4/2/15 are follow-up notes - visit from a "Stellate Block injection". The provider reports "Had very good response to the Stellate ganglion blockade with improvement of all symptoms." The notes indicate the injured worker is an insulin dependent diabetic. The physical examination only notes vitals and BMI information. PR-2 notes dated 6-29-15 explain the injured worker was treated early on because of a trigger finger of the right index, with a steroid injection. He developed excruciating pain after that injection and subsequently developed severe coldness and ulceration of the tip of the finger with unrelenting, intractable pain. He was diagnosed at that time with reflex sympathetic dysfunction and a cervicothoracic sympathetic block was performed in March 2015. The provider notes the injured worker "improved significantly for the next several days. After the injection, the pain was subtotally improved and the discoloration and temperature improved. Based on this very good response to the sympathetic blockade, I

recommend the patient to undergo a cervicothoracic sympathectomy by a thoracoscopy. These will in my opinion result in a significant alleviation of the patient's symptoms. If left untreated, the deterioration with eventual amputation of this finger may take place." A Request for Authorization is dated 10-13-15. A Utilization Review letter is dated 9-18-15 and non-certification for Thoracoscopic Cervical Thoracic Sympathectomy Related to Reflex Sympathetic Dysfunction. A request for authorization has been received for Thoracoscopic Cervical Thoracic Sympathectomy Related to Reflex Sympathetic Dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracoscopic Cervical Thoracic Sympathectomy Related to Reflex Sympathetic Dysfunction: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation ODG: Section: Pain, Topic: CRPS.

Decision rationale: The injured worker has a clinical diagnosis of complex regional pain syndrome. The California MTUS chronic pain medical treatment guidelines do not recommend sympathectomy for complex regional pain syndrome. The practice of surgical and chemical sympathectomy is based on poor quality evidence, uncontrolled studies and personal experience. Furthermore, complications of the procedure may be significant, in terms of both worsening the pain or producing a new pain syndrome. ODG guidelines do not recommend sympathectomy for complex regional pain syndrome. As such, the request for a sympathectomy is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated. Therefore, the requested treatment is not medically necessary.