

Case Number:	CM15-0201847		
Date Assigned:	10/20/2015	Date of Injury:	01/16/2015
Decision Date:	12/04/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old female with a date of injury on 01-16-2015. The injured worker is undergoing treatment for reflex sympathetic dystrophy, other closed fractures of distal end of radius, and algoneurodystrophy. A physician progress note dated 09-28-2015 documents the injured worker complains of pain in the left shoulder, left forearm, left wrist and left hand. Pain is constant and described as burning, pins and needles, stiffness, aching and tingling. She rates her pain as 2 out of 10 on a scale of 0 to 10. She has dependence on others for ADL's and restriction on activities. She uses a brace and a compressive glove to the left hand. Norco and Vicodin have caused GI upset. She has noted improvement in her ability to grip, grasp, push and full and a reduction in pain and sensitivity to her left upper extremity. On examination, there is decreased sensation to left median nerve distribution, and painful dyesthesias and paresthesias with light stroking of the left upper extremity, in the C-T1 dermatome in the upper extremities. Ulnar and radial deviation at left wrist-radial deviation was 0 degrees and left ulnar deviation 10 degrees. Diadochokinesia is found to be abnormal. Finger to nose test is abnormal. A physician note dated 08-27-2015 documents the injured worker received a stellate ganglion block on 08-13-2015 and she has noticed a further reduction in her pain. A physician progress note dated 07-27-2015 documents she has continued pain that she rates as 3 out of 10. She states she received a stellate ganglion block on 07-23-2015 and she noticed a further reduction in her pain, and she noted improvement in her ability to grip, grasp, push and pull. She reports a reduction in pain and sensitivity in her left upper extremity. In a physician note dated 07-02-2015 the injured worker states that she has had 3 left stellate ganglion blocks and continues to participate in

physical therapy and notes that she has been able to work with ping-pong balls and 10 pound weight in therapy. Overall, she notes a 50% decrease in pain and sensitivity on the left upper extremity and a 50% increase in function with regard to her hand opening and closing. She is working under restrictions. Treatment to date has included diagnostic studies, medications, steroid injections, physical therapy and a home exercise program. Current medications include Ultram ER and Horizant ER. The treatment plan includes continuations of her current medications, a left stellate ganglion block x 1, and a follow up visit in 30 days. On 10-06-2015 Utilization Review non-certified the request for one (1) left stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left stellate ganglion block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 09/06/2015) - Online version, CRPS, sympathetic blocks (therapeutic).

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/CRPS-Sympathetic Blocks.

Decision rationale: Guidelines support repeat Ganglion blocks for CRPS as long as there is meaningful pain relief associated with an active rehabilitation program. This individual meets these criteria. Significant pain relief is experienced lasting for a few weeks. Improved function documented and there is active involvement in additional functional rehabilitation. It is also clearly documented that this individual is attempting to return to work. Under these circumstances, the repeat one left stellate ganglion block is supported by Guidelines and is medically necessary.