

Case Number:	CM15-0202085		
Date Assigned:	10/19/2015	Date of Injury:	08/29/2013
Decision Date:	11/30/2015	UR Denial Date:	10/08/2015
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: 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 26 year old female who sustained an industrial injury on 8-29-2013. A review of the medical records indicates that the injured worker is undergoing treatment for rule out reflex sympathetic dystrophy and status post right ulnar collateral ligament repair. According to the progress report dated 9-23-2015, the injured worker complained of increased right arm pain since being out of her medication for the past week. This progress report did not discuss the request for Stellate Ganglion block. Objective findings (9-23-2015) revealed a dusky discoloration in the right hand. Palpation of the right hand revealed allodynia. Grind test was positive. Treatment has included hand therapy, acupuncture and medications. Current medications (9-23-2015) included Gabapentin, Motrin and Nortriptyline. The original Utilization Review (UR) (10-8-2015) denied a request for injection for nerve block (Stellate Ganglion Block right hand).

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection for nerve block (Stellate Ganglion Block right hand): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, CRPS, sympathetic blocks.

Decision rationale: The claimant sustained a work injury in August 2013 while gripping boxes with a strain / rupture of the ulnar collateral ligament of the metacarpal phalangeal joint of the right thumb. She underwent ligament repair in November 2014 and continues to be treated for right hand pain. She is right hand dominant. When seen, she was performing a home exercise program. She had complaints of pain rated at 9/10 with sharp, dull, throbbing, pins and needles, and numbness and tingling. Physical examination findings included right hand discoloration and edema. There was allodynia. There was full range of motion. Grind testing was negative. Authorization for a stellate ganglion block is being requested. 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. In this case, physical examination findings are that of allodynia and edema with discoloration. However, the claimant does not report hyperesthesia or allodynia or any other symptoms or signs of CRPS. The criteria are not fulfilled and the request is not medically necessary.