

Case Number:	CM15-0203684		
Date Assigned:	10/20/2015	Date of Injury:	06/20/2014
Decision Date:	12/02/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 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 54 year old female, who sustained an industrial injury on 06-20-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right shoulder pain with rotator cuff tear, right shoulder adhesive capsulitis, and right thumb arthrosis. Medical records (03-24-2015 top 08-13-2015) indicate ongoing pain and stiffness in the right shoulder and right hand, and right hand weakness. Pain levels were not rated in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The PR and physical exam, dated 08-13-2015, reported no improvement in right shoulder symptoms with moderate pain, mild stiffness and mild weakness, and revealed restricted range of motion in the right shoulder and right hand and hypersensitivity in the right upper extremity. Relevant treatments have included: right shoulder surgery (12-2014), 45 sessions of physical therapy (PT) with little evidence of benefit, 3 cortisone injections without benefit, work restrictions, and pain medications. A Stellate ganglion block was reportedly given on 06-17-2015 with reported improvement in hand pain and motion. A MRI of the right shoulder (09-30-2014) showed a tear along the anterior distal rotator cuff, possible glenoid labrum tear, evidence of tendinosis, and joint effusion. The request for authorization (09-24-2015) shows that the following treatment was requested: 2 Stellate ganglion block injections to the right shoulder. The original utilization review (10-07-2015) non-certified the request for 2 Stellate ganglion block injections to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion block injection x2, right shoulder: Upheld

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, CPRS, sympathetic blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS), Stellate ganglion block. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, CPRS, Sympathetic and epidural blocks, page 39-40, state that a stellate ganglion block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Pain: CRPS; Herpes Zoster and post-herpetic neuralgia; Frostbite. Circulatory insufficiency: Traumatic/embolic occlusion; Post-reimplantation; Post-embolic vasospasm; Raynauds disease; Vasculitis; Scleroderma. According to the ODG TWC pain section, SGBs are recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy/ functional restoration. When used for therapeutic purposes the procedure is not considered a stand-alone treatment. The role of sympathetic blocks for treatment of CRPS is largely empirical (with a general lack of evidence-based research for support) but can be clinically important in individual cases in which the procedure ameliorates pain and improves function, allowing for a less painful "window of opportunity" for rehabilitation techniques. (Harden, 2013) Use of sympathetic blocks should be balanced against the side effect ratio and evidence of limited response to treatment. Repeated blocks are only recommended if continued improvement is observed. In this case the submitted documentation does not demonstrate objective functional improvement in right shoulder symptoms after the first block. The documentation does not support a diagnosis involving sympathetically mediated pain listed in the cited guidelines. Therefore the guidelines have not been met and therefore the request is not medically necessary.