

Case Number:	CM15-0204021		
Date Assigned:	10/20/2015	Date of Injury:	10/08/2013
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/19/2015

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: Emergency 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 33 year old female who sustained an industrial injury on October 08, 2013. The worker is being treated for: left shoulder pain, overcompensation; right wrist arthroscopy; right wrist synovial cyst, and complex region pain syndrome left upper extremity. Subjective: August 04, 2015, still with "pain, numbness, tingling, and stiffness" of left hand and left wrist. September 01, 2015, "constant left shoulder pain." There is also complaint of right wrist and hand discomfort with touch. Objective: August 04, 2015, has signs and symptoms of sympathetically mediated pain; may need diagnostic block. September 01, 2015, left shoulder with reduced range of motion; painful movement; numbness, tingling into bilateral upper extremities. The pain is increased with lifting. There are positive results for both Neer's and Hawkin's testing. The right wrist revealed hypersensitivity to light touch and noted cooler in temperature with decreased sensation over the dorsal right hand and forearm, as well as small and ring fingers more so. Medications: August 04, 2015: prescribed Elavil and dispensed Naproxen. September 01, 2015: Tylenol, Omeprazole, Naproxen, Relafen, and Amitriptyline. Treatments: right wrist TFCC repair December 17, 2014; pain management; occupational therapy, pending physical therapy, medications, activity modification. On September 09, 2015 a request was made for a right stellate Ganglion block administration that was noncertified by Utilization Review on September 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right stellate ganglion block under fluoroscopy: 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): Stellate ganglion block.

Decision rationale: The requested one right stellate ganglion block under fluoroscopy is not medically necessary. A MTUS Chronic Pain Medical Treatment Guidelines, Pages 57 and 104, Sympathetic Ganglion Blocks note that these blocks are useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. There is limited evidence to support this procedure, with most studies reported being case studies. The injured worker has "pain, numbness, tingling, and stiffness" of left hand and left wrist. September 01, 2015, "constant left shoulder pain." There is also complaint of right wrist and hand discomfort with touch. Objective: August 04, 2015, has signs and symptoms of sympathetically mediated pain; may need diagnostic block. September 01, 2015, left shoulder with reduced range of motion; painful movement; numbness, tingling into bilateral upper extremities. The pain is increased with lifting. There are positive results for both Neer's and Hawkin's testing. The right wrist revealed hypersensitivity to light touch and noted cooler in temperature with decreased sensation over the dorsal right hand and forearm, as well as small and ring fingers more so. The treating physician has not documented sufficient physical exam evidence indicative of CRPS, nor detailed documentation of failed conservative treatment trials. The criteria noted above not having been met, one right stellate ganglion block under fluoroscopy is not medically necessary.