

Case Number:	CM15-0021199		
Date Assigned:	02/11/2015	Date of Injury:	04/13/2013
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/04/2015

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: Physical Medicine & Rehabilitation

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 30 year old male, who sustained a work related injury on 4/13/13. The diagnoses have included complex regional pain syndrome left hand, ulnar nerve entrapment, carpal tunnel syndrome and left arm neuritis/radiculitis. Treatments to date have included oral medications, 6 physical therapy sessions, x-rays left hand, left hand injection and acupuncture. In the PR-2 dated 12/8/14, the injured worker complains of constant, burning pain in left hand and little finger which radiates to forearm. He has numbness, tingling and swelling of left hand and fingers. He rates the pain a 7/10. He had decreased range of motion in left fingers. On 12/31/14, Utilization Review non-certified a further treatment management from a specific physician, Gabapentin 600mg TID, and left stellate ganglion block for treatment of CRPS type II sympathetically dependent CRPS. The California MTUS, Chronic Pain Treatment Guidelines, ODG and Medical Practice Standard of Care Criteria were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Further Treatment Management from [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard of Care Criteria

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have adequately demonstrated continued symptoms and findings to allow for follow-up intervention and care from the provider as indicated to achieve eventual independence from medical utilization and a follow-up visit has been authorized; however, future care with multiple visits cannot be predetermined as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; however, one followup visit is medically indicated at this time to assist in the patient's recovery process. The Further Treatment Management from [REDACTED] is medically necessary and appropriate.

Gabapentin 600MG TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 600MG TID is not medically necessary and appropriate.

Left Stellate Ganglion Block for Treatment of CRPS Type II Sympathetically dependent CRPS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic stellate ganglion blocks, page 39-40.

Decision rationale: The provider does not specify or provide measurable objective findings or diagnoses consistent with diagnostic criteria for CRPS. Guidelines specify different stages of CRPS with symptoms of spontaneous burning and/or aching pain, more pronounced hyperpathia and or allodynia with clinical signs of sympathetic over-activity including reduced blood flow, sudomotor changes, increased edema, cyanotic skin, possible muscle wasting, initial increase then decrease in hair and nail growth, with osteoporosis of x-rays, not identified here. The patient's symptomatology and clinical findings do not establish possible CRPS. In addition, there is no focused conservative trial of physical modalities including desensitization, isometric exercises, resisted range of motion, and stress loading attempted. Per Guidelines, Stellate ganglion blocks are only recommended for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy although sympathetic blocks are not specific for CRPS. It is recommended that repeated blocks are only recommended if continued improvement is observed as systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial with less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade and no controlled trials have shown any significant benefit from sympathetic blockade. Although the patient has noted relief from previous injection, submitted reports have not demonstrated specific pain relief in VAS level, increased ADLs, decreased medical utilization or functional change from previous treatment rendered to support the blocks recommended for diagnostic purposes. The Left Stellate Ganglion Block for Treatment of CRPS Type II Sympathetically dependent CRPS is not medically necessary and appropriate.