

Case Number:	CM15-0023584		
Date Assigned:	02/13/2015	Date of Injury:	09/18/2013
Decision Date:	04/08/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona

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 45-year-old female who reported a crush injury on 09/18/2013. The injured worker reportedly had a bed fall on top of her left wrist. The current diagnoses include pain in a limb, CRPS of the upper extremity, and status post crushed limb. The injured worker presented on 12/31/2014 for an initial comprehensive pain management consultation. The injured worker reported persistent pain in the left hand with radiating pain up to the left forearm. The injured worker was reportedly treated with injections and physical therapy. There was no physical examination provided on the requesting date. Treatment recommendations included a left stellate ganglion block. The injured worker was also issued a prescription for Lyrica 50 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left stellate ganglion nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104.

Decision rationale: California MTUS Guidelines state stellate ganglion blocks are recommended and are generally limited to the diagnosis and therapy of CRPS. There is limited evidence to support cervicothoracic sympathetic blocks. Proposed indications include the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. In this case, there was no comprehensive physical examination provided on the requesting date. Physical examination of the left upper extremity was not provided. Given the above, the request is not medically appropriate at this time.