

Case Number:	CM15-0025141		
Date Assigned:	02/26/2015	Date of Injury:	09/18/1997
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/10/2015

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 48-year-old male, who sustained an industrial injury on September 18, 1997. He has reported left hand pain began after a work related injury. The diagnoses have included long-term (current) use of medications, opioid type dependence with continuous use, chronic pain syndrome, pain in limb, and reflex sympathetic dystrophy of the upper limb. Treatment to date has included stellate ganglion blocks, physical therapy, home exercise program (HEP), moist heat, and medications. Currently, the injured worker complains of left arm and hand pain. The Treating Physician's report dated January 16, 2015, noted the left arm guarded with allodynia to the left forearm and hand, and some swelling of the left extremity. The injured worker was noted to continue to get improvement in function and exercise with each stellate block. On January 29, 2015, Utilization Review non-certified a stellate ganglion block with fluoroscopy and sedation to the left side, noting that the injured worker had previously undergone stellate ganglion blocks, and based on the limited response to the most recent procedure without ongoing functional improvement noted, a repeat block was not supported. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 10, 2015, the injured worker submitted an application for IMR for review of a stellate ganglion block with fluoroscopy and sedation to the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion block with fluoroscopy and sedation to the left side: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block Page(s): 39-40, 103-104.

Decision rationale: Based on the 01/22/15 progress report provided by treating physician, the patient presents with chronic left arm pain. The request is for stellate ganglion block with fluoroscopy and sedation to the left side. Patient's diagnosis on 01/22/15 included Reflex sympathetic dystrophy of the upper limb, pain in limb and chronic pain syndrome. Physical examination on 01/22/14 revealed allodynia to left forearm and hand; skin mottled appearance in left hand; and swelling to left extremity. Patient's medications include MS Contin, Percocet, Amitriptyline, and Ambien. Patient's work status is not available. MTUS, page 39-40 states: "CRPS, sympathetic and epidural blocks. Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. 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. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade." "Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; Poor coping skills; Litigation." MTUS p103-104 also states: "Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. " UR letter dated 01/29/15 states "...based upon limited response to the most recent procedure without ongoing functional improvement noted, a repeat block is not supported." However, progress report dated 01/22/15, patient had left stellate ganglion block on 07/11/14, which provided 50% improvement in function and range of motion for 1 week; and on 07/25/14, which provided 80% improvement for 2 weeks. Per progress report dated 01/22/15, treater states that stellate block injection has helped in the past, with the goals to "decrease pain, enhance sleep, improve mobility, improve self-care, and increase recreational activities." Physical examination on 01/22/14 revealed allodynia to left forearm and hand; skin mottled appearance in left hand; and swelling to left extremity, the hallmark signs of CRPS. The request meets MTUS indications and treater has documented improvement. Therefore, the request IS medically necessary.