

Case Number:	CM15-0029085		
Date Assigned:	02/23/2015	Date of Injury:	01/01/2006
Decision Date:	04/21/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/17/2015

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, Hawaii

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 54 year old female, who sustained an industrial injury on 1/1/06. She has reported whiplash injury with progression to complex regional pain syndrome and thoracic outlet syndrome. The diagnoses have included complex regional pain syndrome, thoracic outlet syndrome, chronic intractable pain syndrome, peripheral neuropathy, anxiety and depression. Treatment to date has included medications, diagnostics, lumbar sympathetic nerve block, occupational therapy and physical therapy 8 sessions to date. Surgery has included thoracic outlet surgery. Currently, as per the physician progress note dated 12/16/14, the injured worker received left lumbar sympathetic block with on Q pump on 10/27 with good response. She states that the block has improved her baseline pain in the bottom of her left foot. She has been doing physical therapy and states that the desensitization sessions have reduced her left foot sensitivity. She has also been getting acupuncture which is helpful. She has tried Gabapentin, Trazadone and Lyrica in the past and they were ineffective. She reports poor sleep due to pain and reports left arm sensitivity and bilateral arm spasms. The current medications included Ketamine, Naltrexone, Trazadone, Lialda, and Zofran, Ketamine/Ketoprofen/Lidocaine topical, Lidocaine, Oxycodone and Rizatriptan. Physical exam revealed pulse of 87, height of 157.1 centimeters, weight 65.7 kilograms, and blood pressure 114/87. There was allodynia of bilateral upper and lower extremities. The physician noted that the diagnosis was complex regional pain syndrome of bilateral upper and lower extremities. She has had good response to previous treatments including lumbar sympathetic block with on Q pump and oral topical Ketamine. It was also noted that she was no longer improving as she is not currently on these recommended treatments.

The Treatment Plan included medications Naltrexone, Ketamine by mouth and Ketamine cream, Lidoderm patch, Lunesta, physical therapy 8 more sessions, left lumbar sympathetic block with on Q pump and stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Brachial Plexus Block with on Q Catheter: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: The patient presents with pain affecting the face, shoulder, bilateral hand, left arm, left knee, and left foot. The current request is for Left Brachial Plexus Block with on Q Catheter. The treating physician report dated 1/20/15 (271B) states, "She received a LEFT lumbar symp block with on Q 10/27 with good response and has had multiple stellate/brachial plexus blocks in the past with good response. However, she is noting deterioration and worsening of all her symptoms since her block back in October 2014 which really helped her symptoms." The report goes on to state, "She is worried that she will need a cane to help walk. She is also endorsing a new bilateral facial pain/numbness, which has been going on for several years. However, in the last month she has noted increased frequency of these symptoms and also has noticed that she has started drooling." The MTUS guidelines support regional sympathetic blocks and repeated blocks are only recommended if continued improvement is observed. In this case, the treating physician has noted great improvement in the patient's symptoms from multiple previous blocks. The patient's symptoms are now deteriorating and worsening, but this is in part a result of denial of other oral medications. The MTUS guidelines only recommend repeat blocks if "continued improvement is observed." The records describe decreased pain and increased function in the ability to participate in PT. Although UR denied this request because there was no quantification of pain reduction or description of abolition of sweating. The MTUS does not list this as criteria for approval of stellate ganglion blocks. The MTUS does not demand quantification of pain reduction or function. Based on the records provided, medical necessity has been established and recommendation is medically necessary.