

Case Number:	CM15-0210803		
Date Assigned:	10/29/2015	Date of Injury:	08/02/2002
Decision Date:	12/11/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female who sustained an industrial injury on August 02, 2002. The worker is being treated for: reflex sympathetic dystrophy of upper limb, neuropathy, CRPS of upper extremity, right carpal tunnel syndrome, right medial epicondylitis, right cubital tunnel, CMC joint arthrosis basal joint left thumb. Subjective: May 20, 2015 she reported chronic pain to bilateral upper extremities, specifically wrist and forearms. She further reported experiencing increasing pain and discomfort at the base of her right thumb. June 02, 2015 she reported complaint of with continued moderate left elbow pain. She states that medications are the only thing that provides her with enough relief to complete her ADL's. Objective: June 02, 2015 noted the patient continues to have hypersensitivity and allodynia in her bilateral hands and fingers. Diagnostic: EMG NCV. Medication: June 02, 2015: Cymbalta, Motrin, Prilosec, Topamax, Neurontin, and Norco. Treatment: status post thumb; left surgery on March 12, 2015, physical therapy hand, DME scar protectors, arm sleeves; status post two right sided stellate ganglion blocks July 02, and 16, 2014 and left sided two August 20, and September 08, 2014. She states that the left sided injection has not changed the pain. On October 06, 2015 a request was made for a series of three Stellate ganglion blocks for the left upper extremity that was non-certified by Utilization review on October 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right upper extremity (UE) stellate ganglion blocks x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Stellate ganglion block.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Stellate ganglion block.

Decision rationale: Regarding regional sympathetic blocks, such as this stellate ganglion block, the MTUS notes that recommendations are generally limited to diagnosis and therapy for Chronic Regional Pain Syndrome (CRPS). They note that there is limited evidence to support this procedure, with most studies reported being case studies. This claimant was injured in 2002 and recent reports there are still signs of CRPS with hypersensitivity and allodynia in the hands and fingers. There were past injections, but she freely notes no benefit out of the ones on the left, and for the right, the long-term objective benefit out of the blocks is not known. Further, series of blocks are generally not supported. The outcome of a block needs to be assessed before determining if more are clinically indicated. This, coupled with limited evidentiary support per MTUS, supports this request was appropriately not medically necessary.

Left upper extremity (UE) ganglion blocks x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Stellate ganglion block.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Stellate ganglion block.

Decision rationale: As shared earlier, regarding regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) as proposed here, the MTUS notes that recommendations are generally limited to diagnosis and therapy for Chronic Regional Pain Syndrome (CRPS). There is limited evidence to support this procedure, with most studies reported being case studies. In this case, the claimant was injured in 2002 and recent reports there are still signs of CRPS with hypersensitivity and allodynia in the hands and fingers. There were past injections. She again freely notes no benefit out of the ones on the left, and for the right, the long-term objective benefit out of the blocks is not known. With limited evidentiary support per the MTUS, this request was appropriately not medically necessary.