

Case Number:	CM15-0210896		
Date Assigned:	10/29/2015	Date of Injury:	05/15/1998
Decision Date:	12/16/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/26/2015

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old male with a date of injury on 5-15-98. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome. Progress report dated 9-22-15 reports good relief with right plexus stellate block but now has complaints of pain on the left side. Objective finding: weak left hand. Progress report on 5-12-15 report the he had more than 50 percent improvement with the stellate block. Request for authorization dated 9-24-15 was made for Brachial plexus stellate ganglion block at the left side quantity 1. Utilization review dated 10-2-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brachial plexus stellate ganglion block at the left side x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Stellate ganglion block. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp, Pain procedure Summary online Version last updated 09/08/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stellate ganglion blocks.

Decision rationale: This patient receives treatment for chronic pain involving the R upper extremity. This is the result of an industrial injury dated 05/15/1998. The patient received treatment for bilateral carpal tunnel syndrome. The patient received pain relief after R plexus stellate block previously. The treating physician now requests brachial plexus block on the left side. This request is the subject of review. The treatment guidelines regarding stellate blocks state that this injection may be medically indicated after other diagnoses have been ruled out and the Budapest criteria have been identified. A Horner's sign should be identified, as well. These blocks should only be used after documenting that conservative therapies have been tried and failed. The documentation does not meet these requirements. The brachial plexus stellate ganglion block is not medically necessary.