

Case Number:	CM15-0219889		
Date Assigned:	11/12/2015	Date of Injury:	05/12/2014
Decision Date:	12/29/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/09/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 37-year-old female, with a reported date of injury of 05-12-2014. The diagnoses include left hand reflex sympathetic dystrophy, left carpal tunnel syndrome, left shoulder proximal median neuropraxia, status post endoscopic left carpal tunnel release, and status post left shoulder arthroscopy with subacromial decompression, SLAP (superior labrum anterior to posterior) repair, and biceps tenodesis. The progress report dated 09-30-2015 indicates that the injured worker was currently not working. It was noted that she was feeling better in reference to her left shoulder. The injured worker had constant left wrist pain, which was described as stabbing to the left hand. There was numbness to the left wrist and hand, and she had reduced movement of her wrist and hand. The objective findings include no tenderness to palpation of the left shoulder; tenderness to palpation over the radial aspect of the half of the palm area, index middle fingers on the left; positive Tinel's test over the median nerve to the left elbow flexion crease; and decreased sensation to light touch over the left thumb, index and middle fingers, as well as over the radial half of the palm on the left. The injured worker has been instructed to remain temporarily totally disabled until 10-28-2015. The medical report dated 09-08-2015 indicates that the injured worker presented for follow-up. It was noted that the injured worker may require tendon transfers. Additional therapy was recommended. The physical examination showed grip strength on the left 10, 10, 10; and an "unchanged" left upper extremity examination. It was noted that the injured worker was not yet permanent and stationary. Her work status was noted as temporary total disability through 09-30-2015. The diagnostic studies to date have included electrodiagnostic studies of the left upper extremity on

07-22-2015, which showed left proximal median neuropathy with electromyographic evidence of moderate to severe associated denervation; and resolving left median neuropathy at the wrist. Treatments and evaluation to date have included physical therapy for the left shoulder, left stellate ganglion block under fluoroscopic guidance on 06-08-2015 and 06-23-2015, endoscopic left carpal tunnel release on 06-10-2015, left shoulder arthroscopy on 02-13-2015, occupational therapy, and Percocet. The treating physician requested stellate ganglion block to the left side. On 10-19-2015, Utilization Review (UR) non-certified the request for stellate ganglion block 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 to the Left Side: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, stellate (sympathetic block).

Decision rationale: ODG guidelines regarding Recommendations (based on consensus guidelines) for use of sympathetic blocks (diagnostic block recommendations are included here, as well as in CRPS, diagnostic tests): (1) There should be evidence that all other diagnoses have been ruled out before consideration of use. (2) There should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. (3) If a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase (1.5 C and/or an increase in temperature to > 34 C) without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should occur. This is particularly important in the diagnostic phase to avoid overestimation of the sympathetic component of pain. A Horner's sign should be documented for upper extremity blocks. The use of sedation with the block can influence results, and this should be documented if utilized. (Krumova, 2011) (Schurmann, 2001) (4) Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled (See #1-3). These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. The medical records provided for review do not indicate temperature measurements in support of documenting diagnostic block or indicate specific functional gain or duration of any gain from previous stellate blocks. From a therapeutic standpoint, there is no documentation of increased functionality or decrease in medication use related to the block performed. As such, the medical records do not support further blocks congruent with ODG guidelines. Therefore, the request is not medically necessary.