

Case Number:	CM15-0031392		
Date Assigned:	02/24/2015	Date of Injury:	03/12/2012
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/19/2015

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: Pennsylvania, Ohio, 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 36-year-old female with an industrial injury dated March 12, 2012. The injured worker diagnoses include sprain of the wrist, lesion of radial nerve, unspecified synovitis and tenosynovitis, arthroscopic debridement of right wrist with residuals, and status post extensor carpi ulnaris (ECU) tenosynovectomy with right wrist residuals. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, occupational therapy, consultation and periodic follow up visits. According to the progress note dated 1/07/2015, the treating physician noted positive Tinel's sign at the ulnar nerve right elbow. There was a full range of motion in all of the digits right hand, wrist and elbow. There was mild to moderate tenderness at the surgical scar dorsal ulnar aspect of the right wrist. The treating physician prescribed services for right stellate ganglion block with IV sedation. Utilization Review determination on February 3, 2015 denied the request for right stellate ganglion block with IV sedation, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Stellate Ganglion Block with IV sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRPS/Sympathetic Blocks Page(s): 39.

Decision rationale: MTUS recommends sympathetic blocks for a limited role, primarily for the diagnosis of sympathetically mediated pain and to facilitate physical therapy. This patient has been diagnosed with upper extremity tenosynovitis and a radial vs. ulnar nerve lesion. However, there is no documentation of allodynia, color change, temperature change, or other sudomotor findings or signs of complex regional pain syndrome. Thus, overall the records and guidelines do not document a diagnosis or differential diagnosis to support an indication for a sympathetic block. This request is not medically necessary.