

Case Number:	CM15-0031680		
Date Assigned:	02/23/2015	Date of Injury:	10/30/2012
Decision Date:	04/10/2015	UR Denial Date:	01/16/2015
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: 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 58 year old female, who sustained an industrial injury on October 30, 2012. The diagnoses have included dystrophy, major depression, posttraumatic stress disorder, and psychogenic pain. Treatment to date has included cervical spine surgery in 2013, physical therapy and medications. Currently, the injured worker complains of chronic neck and right upper extremity pain, with anxiety and depression. The Treating Physician's report dated January 2, 2015, noted the injured worker with gradual worsening of pain. The injured worker was noted to have continued difficulty with repetitive movements of the right upper extremity and any kind of heavy lifting, with failed coping mechanisms and concurrent depressive symptoms. Examination of the right hand revealed tenderness to palpation over the right wrist extending up the right arm, with range of motion (ROM) of the right wrist decreased by 30%, and hypersensitivity of sensations at the right wrist with sharp and stabbing pain and decreased sensation along the right forearm and right arm. On January 16, 2015, Utilization Review non-certified a right stellate ganglion block using fluoroscopic guidance under IV sedation, noting the clinical information provided for review lacked documentation related to the injured worker's functional deficits, and limited evidence to support the procedure per guidelines. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 19, 2015, the injured worker submitted an application for IMR for review of a right stellate ganglion block using fluoroscopic guidance under IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right stellate ganglion block using Fluoroscopic guidance under IV Sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block Page(s): 108.

Decision rationale: The 1/20/15 Utilization Review letter states the Right Stellate ganglion block using fluoroscopic guidance and IV sedation requested on the 1/02/15 medical report was denied because physician did not list functional deficits or provide range of motion. The physician provided a response to the denial letter on 1/21/15. The patient injured her right upper extremity on 10/30/12 when cases of copy paper fell on her. MRI from 2013 showed possible TFCC tear. She eventually underwent surgery, and then developed CRPS. She had an MRI of the cervical spine and underwent C5/6 fusion on 12/9/13. She was released back to work on 3/26/14 but could not tolerate it. She currently complains of 9-10/10 pain, medications help bring it to 8/10. She has failed coping mechanisms and concurrent depression. She cannot do heavy lifting using the right upper extremity, and ROM is decreased 30% with flex/ext and 20% ulnar and radial deviation. She has allodynia right forearm and arm. MTUS Chronic Pain Medical Treatment Guidelines, page 108 for Stellate ganglion block state recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment. Detailed information about stellate ganglion blocks, thoracic sympathetic blocks, and lumbar sympathetic blocks is found in Regional sympathetic blocks. The patient is reported to have developed CRPS from a surgery on the right wrist. This has been documented on the medical reports from 7/25/14 through 1/21/15. MTUS states stellate ganglion blocks are indicated for diagnosis and therapy for CRPS. The request appears to be in accordance with MTUS guidelines. The request for Right Stellate ganglion block using fluoroscopic guidance and IV sedation IS medically necessary.