

Case Number:	CM15-0031967		
Date Assigned:	02/25/2015	Date of Injury:	08/12/2014
Decision Date:	04/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/20/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

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 40 year old female, who sustained an industrial injury on August 12, 2014. She has reported a repetitive use injury. The diagnoses have included right wrist tenosynovitis. Treatment to date has included medications, modified work status, acupuncture, physical therapy, bracing, electrodiagnostic studies, and radiological imaging. Currently, the IW complains of increasing right wrist pain, inability to move the right hand, and swelling of the right hand. She indicates occupational therapy and physical therapy help with swelling. Physical findings reveal tenderness in the trapezius, full cervical and shoulder range of motion, tenderness over the acromioclavicular joint, negative impingement maneuvers, and a negative sulcus sign. An electrodiagnostic study on October 21, 2014, revealed mild demyelinating median neuropathy across the right wrist. A magnetic resonance imaging of the right wrist on December 12, 2014, reveals mild swelling. On February 4, 2015, Utilization Review modified certification of right stellate ganglion blocks with fluoroscopy, #1, and IV sedation, #1. The MTUS guidelines were cited. On February 10, 2015, the injured worker submitted an application for IMR for review of right stellate ganglion blocks with fluoroscopy, #3, and IV sedation, #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right stellate Ganglion Blocks with Fluoroscopic Guidance quantity 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block and lumbar sympathetic block) Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) CRPS, sympathetic and epidural blocks Page(s): 103 and 39.

Decision rationale: The patient is a 40 year old female with evidence of chronic pain of the right upper extremity, most likely CRPS, that has not improved with medical management, acupuncture and physical therapy. A series of 3 stellate ganglion blocks had been recommended to be performed under conscious sedation, each week for 3 weeks. There is a role for Stellate ganglion blocks for CRPS as described below: Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. From page 39, Repeated blocks are only recommended if continued improvement is observed. Therefore, based on Chronic Pain Medical Treatment Guidelines, it is reasonable to perform a single stellate ganglion block for CRPS. Further, repeated blocks would be recommended based on response of the initial block. Thus, 3 consecutive blocks should not be considered medically necessary. The initial block should be considered medically necessary, which is consistent with the modification made by the UR.

IV Sedation quantity 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks (Stellate Ganglion Block, Thoracic Sympathetic Block & Lumbar Sympathetic block) Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) CRPS, sympathetic and epidural blocks Page(s): 103 and 39.

Decision rationale: The patient is a 40 year old female with evidence of chronic pain of the right upper extremity, most likely CRPS, that has not improved with medical management, acupuncture and physical therapy. A series of 3 stellate ganglion blocks had been recommended to be performed under conscious sedation, each week for 3 weeks. There is a role for Stellate ganglion blocks for CRPS as described below: Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. From page 39, Repeated blocks are only recommended if continued improvement is observed. Therefore, based on Chronic Pain Medical Treatment Guidelines, it is reasonable to perform a single stellate ganglion block for CRPS. Further, repeated blocks would be recommended based on the response of the initial block. Thus, 3 consecutive blocks should not be considered medically necessary. The initial block should be considered medically necessary,

which is consistent with the modification made by the UR. It is reasonable to perform this under conscious sedation; but only one block and sedation should be considered medically necessary.