

Case Number:	CM15-0035857		
Date Assigned:	03/04/2015	Date of Injury:	03/03/2005
Decision Date:	04/13/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/25/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 who sustained an industrial injury on March 3, 2005. She has reported left upper extremity pain with low back pain and has been diagnosed with reflex sympathetic dystrophy of the upper limb, causalgia of the lower limb, chronic pain syndrome, intermittent tremor, complex regional pain syndrome, pain in wrist, and tremor. Treatment has included stellate ganglion blocks, H wave machine use, physical therapy, pain medications, and a home exercise program. Currently the injured worker had tenderness to palpation of bilateral thoracolumbar fascia and scapula musculature. There was trapezius and internal rhomboid spasms and tenderness to palpation as well. The treatment plan included stellate ganglion blocks with follow up. On February 12, 2015 Utilization Review non certified stellate ganglion blocks, fluroscopic guidance, and moderate sedation citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion block Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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) Page(s): 57, 104.

Decision rationale: According to MTUS guidelines, "Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects." According to MTUS guidelines, lumbar sympathetic block recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy. (Colorado, 2002) Except for pain, there is no other information submitted confirming the diagnosis of CRPS. Edema and skin abnormalities are missing from the provider report. The diagnosis of entrapment neuropathy was not excluded. Documentation of outcome measures and duration of previous stellate ganglion blocks is missing from the patient file. Therefore, the request for Stellate Ganglion block Qty: 6 is not medically necessary.

Fluoroscopic guidance Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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) Page(s): 57, 104.

Decision rationale: Since the request for Stellate Ganglion block Qty: 6 is not medically necessary there is no need for fluoroscopic guidance.

Moderate sedation Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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) Page(s): 57, 104.

Decision rationale: Since the request for Stellate Ganglion block Qty: 6 is not medically necessary, there is no need for moderate sedation.