

Case Number:	CM15-0039352		
Date Assigned:	03/09/2015	Date of Injury:	08/15/2014
Decision Date:	04/21/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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 23 year old male, who sustained an industrial injury on 08/15/2014. On provider visit dated 12/19/2014 the injured worker has reported a return of pain after a ganglion block two days prior with constant wrist pain. On examination of right wrist he was noted to have pale, blanch and sweaty skin and a decreased range of motion. The diagnoses have included complex regional pain syndrome and right hand needle stick. Treatment to date has included medication and stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation-stellate ganglion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks CRPS, sympathetic block Page(s): 103, 39-40.

Decision rationale: MTUS contains equivocal support for sympathetic blocks, noting this is primarily intended for diagnosis of sympathetic pain and as an adjunct to physical therapy early

in treatment. MTUS does not discuss radiofrequency ablation of a stellate ganglion; such treatment is experimental in the medical literature and not considered part of the standard of care for treatment. Therefore this request is not medically necessary.