

Case Number:	CM15-0041503		
Date Assigned:	03/11/2015	Date of Injury:	10/08/2012
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/04/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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(n) 42 year old female, who sustained an industrial injury on 10/8/12. She reported pain in her bilateral wrists related to cumulative trauma. The injured worker was diagnosed as having right carpal tunnel syndrome. Treatment to date has included right carpal tunnel release surgery on 6/25/14 and pain medications. As of the PR2 dated 9/19/14, the injured worker reports increase pain in the right hand and wrist. The treating physician requested three stellate ganglion blocks to the right arm and occupational therapy x 12 session to the right wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three stellate ganglion block right arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 103.

Decision rationale: There is limited evidence to support this procedure, with most studies reported being case studies. This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. For pain: CRPS; Herpes Zoster and post-herpetic neuralgia; Frostbite. The medical records do not substantiate goals for efficacy with regards to pain or functional status and pain from carpal tunnel syndrome is not listed as an indication for stellate ganglion blocks, and therefore is not medically necessary.

12 sessions for occupational therapy right wrist/hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to three visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain, and therefore is not medically necessary.