

Case Number:	CM15-0055330		
Date Assigned:	03/30/2015	Date of Injury:	01/31/2014
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/23/2015

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: Emergency 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 49 year old male who sustained a work related injury January 31, 2014. Past history included s/p left elbow anterior and posterior capsulectomy, ulnar nerve transposition, and lateral antebrachial nerve neurolysis and biceps tendon exploration October 2, 2014. According to a physician's progress notes, dated February 5, 2015, the injured worker presented for a follow-up visit and medication refill. He complains of pain in the left arm that radiates up to the neck and left forearm. The pain is described as a numbness sensation with a sharp stabbing pain, rated 8/10 with medication and 9-10/10 without medication. Diagnoses included chronic pain syndrome; reflex sympathetic dystrophy, upper limb; shoulder and hand pain; fasciitis, unspecified. Treatment plan included medication refills, repeat ultrasound guided left stellate ganglion block, continue physical therapy; and Bio-behavioral pain management/Biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided left shoulder stellate block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 108 , 103Stellate ganglion block.

Decision rationale: The requested Ultrasound guided left shoulder stellate block, is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, Pages 103, 108, Stellate Ganglion Block, noted "There is limited evidence to support this procedure, with most studies reported being case studies." The injured worker has pain in the left arm that radiates up to the neck and left forearm. The pain is described as a numbness sensation with a sharp stabbing pain, rated 8/10 with medication and 9-10/10 without medication. The treating physician has not documented failed first-line therapy nor the medical necessity for this therapeutic intervention. The criteria noted above not having been met, Ultrasound guided left shoulder stellate block is not medically necessary.