

Case Number:	CM15-0057223		
Date Assigned:	04/02/2015	Date of Injury:	01/23/2009
Decision Date:	05/06/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/25/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 23, 2009. In a Utilization Review report dated March 18, 2015, the claims administrator failed to approve requests for a stellate ganglion block and 18 sessions of physical therapy. Progress notes of February 2, 2015 and March 9, 2015 were referenced in the determination. The claims administrator noted that the applicant had had earlier stellate ganglion block therapy and was using naltrexone. Non-MTUS ODG guidelines were invoked for portions of the determination. The applicant's attorney subsequently appealed. In a handwritten March 9, 2015 progress note, the treating provider stated that he was pursuing a repeat stellate ganglion block, noting that the applicant had reportedly had a favorable response to the earlier stellate block. Recurrent issues of pain and swelling were evident about the right hand, however. The applicant was kept off of work, on total temporary disability, while repeat stellate ganglion block injection therapy was proposed. The applicant was reportedly using naltrexone, it was stated at this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Guidelines for Pain Chapter last updated on 2/23/15.

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

Decision rationale: No, the proposed stellate ganglion block was not medically necessary, medically appropriate, or indicated here. While page 103 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that there is limited evidence to support stellate ganglion blocks, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the earlier stellate ganglion block(s) were seemingly unsuccessful. The applicant had failed to return to work following completion of the same. The applicant remained off of work, on total temporary disability, despite receipt of earlier stellate ganglion block injection therapy. The applicant remained dependent on opioid agents such as naltrexone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier stellate ganglion block injection therapy. Therefore, the request for a repeat stellate ganglion block was not medically necessary.

Physical Therapy Qty 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: Similarly, the request for 18 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 24 sessions of treatment for reflex sympathetic dystrophy, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the March 2015 progress note on which additional physical therapy was proposed. The applicant remained dependent on opioid agents such as naltrexone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. The attending provider failed to outline any clear goals for further therapy, going forward. Therefore, the request was not medically necessary.