

Case Number:	CM15-0059066		
Date Assigned:	04/16/2015	Date of Injury:	04/21/2013
Decision Date:	05/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/27/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 51-year-old female, who sustained an industrial injury on April 21, 2013. She reported neck pain radiating to the right hand with associated weakness, numbness and tingling. The injured worker was diagnosed as having carpal tunnel syndrome, post-traumatic right thoracic outlet syndrome, status post scalanectomy, status post right carpal tunnel release, post-operative infection with allodynia, multilevel significant disc spondylosis, right fifth finger internal derangement, status post surgical intervention and early left TOS symptoms. Treatment to date has included radiographic imaging, diagnostic studies, and surgical intervention of the right upper extremity, physical therapy, medications and work restrictions. Currently, the injured worker complains of neck pain radiating to the right hand with associated weakness, numbness and tingling. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 27, 2015, revealed continued severe pain. Right stellate ganglion block x1 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right stellate ganglion block x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, stellate ganglion block.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested service. Per the ODG: Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment. Detailed information about stellate ganglion blocks, thoracic sympathetic blocks, and lumbar sympathetic blocks is found in Regional sympathetic blocks. Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. The clinical documentation provided for review does not meet ODG criteria for this service and therefore the request is not medically necessary.