

Case Number:	CM15-0084758		
Date Assigned:	05/07/2015	Date of Injury:	01/05/2000
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/04/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 53 year old female who sustained an industrial injury on 1/5/2000. The current diagnoses are chronic pain, chronic neck pain, myofascial pain syndrome involving cervical paraspinals and bilateral upper trapezius, right greater than left, cervical spondylosis, degenerative disk disease with C6-C7 central disk protrusion, and chronic right upper extremity pain. According to the progress report, the injured worker complains of chronic pain. The level of pain is not rated. The current medications are Suboxone, Effexor, Quetiapine, Trazadone, Zofran, Naproxen, Tylenol, and Lidoderm patch. Treatment to date has included medication management, functional restoration program, and spinal cord stimulator. The plan of care includes right cervical sympathetic ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cervical Sympathetic (Stenote) Ganglion Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 39.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Stellate ganglion Block.

Decision rationale: Pursuant to the Official Disability Guidelines, right cervical sympathetic stellate ganglion block is not medically necessary. Intravenous regional sympathetic blocks (for RSD/CRPS) are not recommended due to lack of evidence for use. There is no role for IV diagnostic blocks with phentolamine or IVRA with guanethidine. Due to modest benefits and the invasive nature of the therapy, intravenous sympathetic blocks with bretylium should be offered only after careful counseling and should be followed by intensive physical therapy. There is very limited scientific evidence to support this treatment, although it is recommended as an option in certain cases when there are no other alternatives. Any additional blocks must be based on objective evidence of improvement. In this case, the injured worker's working diagnoses are RSD, CRPS of the right upper extremity. The most recent progress note from the requesting physician (for the right cervical sympathetic stellate ganglion block) is dated July 5, 2012. Additional documentation from the non-requesting providers consist of functional restoration progress notes dated October 2014; November 2014; and December 2014. There are no contemporaneous progress notes in the medical record on or about the date of request authorization April 13, 2015. There is no clinical indication or rationale from the requesting provider for a right cervical sympathetic stellate ganglion block. Consequently, absent contemporaneous clinical documentation with a clinical indication/rationale, a recent history and physical examination and assessment, right cervical sympathetic stellate ganglion block is not medically necessary.