

Case Number:	CM15-0088108		
Date Assigned:	05/12/2015	Date of Injury:	07/01/2011
Decision Date:	06/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/07/2015

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, 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 50-year-old male, who sustained an industrial injury on 7/1/2011. He reported injury from a motor vehicle accident. The injured worker was diagnosed as having chronic severe pain disorder, cervical injury, neuropathic pain, complex regional pain syndrome of left upper extremity, left hand and neck, left shoulder issues and anxiety/depression. There is no record of a recent diagnostic study. Treatment to date has included bilateral cervical stellate sympathetic ganglion block and medication management. In a progress note dated 3/12/2015, the injured worker complains of continued pain. Prior stellate block provided approximately 6 days of 50% pain relief. The treating physician is requesting repeat bilateral stellate ganglion blocks, sleep study and gastrointestinal motility study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat bilateral Stellate Ganglion Blocks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block Page(s): 108.

Decision rationale: Recommendations are generally limited to diagnosis and therapy for CRPS. Current physical exam findings in this patient are minimal and do not support repeat injection. Additionally, there is no documentation substantiating the diagnosis of Regional Pain Syndrome. Therefore, this request is not medically necessary.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sleep studies.

Decision rationale: CA MTUS does not address. The ODG recommends after 6 months of insomnia, 4 nights/week, and unresponsiveness to medications and psychiatric etiologies excluded that sleep studies may be considered. In this case, there are no specific complaints of insomnia; therefore, the request for a sleep study is not medically necessary.

GI Motility Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of Nuclear Medicine Procedure Guidelines for Gastric Emptying and Motility, Version 2.0, approved June 6, 2004.

Decision rationale: The request is for a GI motility study. The request does not specify whether the request is for an upper or lower GI motility test, as they are altogether different studies. It is not documented in this case whether the requested test is for a problem with gastric emptying or colonic motility. Based on this lack of documentation alone, the request is not medically necessary. The CA MTUS does not specifically address this request. The Society of Nuclear Medicine Procedure Guidelines delineates clinical and research applications of GI motility studies which include: A) post-prandial problems (nausea, vomiting upper abdominal discomfort, bloating and chronic aspiration; B) suspected gastroparesis; C) poor diabetic control; D) GE reflux; E) following response to therapy for previously documented motility disturbances. In this case, none of these criteria are satisfied in the documentation. In addition, a GI consult should be completed prior to a request for a GI motility consult in order to justify the necessity of the consult. At this time, the request is deemed not medically necessary.