

Case Number:	CM15-0240435		
Date Assigned:	12/17/2015	Date of Injury:	05/13/2013
Decision Date:	01/27/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/09/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female who sustained an industrial injury on 5-13-13. A review of the medical records indicates that the worker is undergoing treatment for Type 1 Complex Regional Pain Syndrome: right upper extremity, and chronic pain: other. Subjective complaints (8-17-15) include constant upper extremity pain in the right hand and wrist, accompanied by numbness and tingling, pain is rated at 7-9 out of 10, constant left thumb and third finger pain with numbness and tingling and pain radiates from the fingers up to the hand and wrist, "severe" depression, anxiety, frustration and stress due to ongoing discomfort and inability to work is noted. Pain is rated as 5 out of 10 on average with medications since the last visit and 9 out of 10 on average without medications. The worker reports ongoing activity of daily living limitations in the areas of self care and hygiene, activity, hand function and sleep. Objective findings (8-17-15) include tenderness on palpation at the right hand and mild swelling, grip strength testing (Jamar hand dynamometer) was not possible on the left or right, and associated findings in the upper extremities include allodynia, discoloration, and temperature changes in the right upper extremity, and decreased thumb adduction due to pain. Work status was noted as not currently working. Previous treatment includes trigger point injection, physical therapy, medication, home exercise, wrist brace (at night), and stellate ganglion block on 4-17-15 (with reported 20-50% overall improvement, and functional improvement in concentrating, mood, sleeping and improved sleep). The requested treatment of a right stellate ganglion block was non-certified on 12-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Stellate ganglion block: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Stellate ganglion block.

Decision rationale: The patient presents with constant upper extremity pain in the right hand and wrist, accompanied by numbness and tingling. The current request is for right stellate ganglion block. The treating physician states, in a report dated 11/09/15, Procedure request: Right Stellate Ganglion block. (110B) The MTUS guidelines state, Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. In this case, the patient complains of constant pain in the right wrist and hand that aggravated by activity, flexion, extension, hand function, pulling and pushing. The pain is described as aching, stabbing, throbbing, and severe. The pain was accompanied by numbness and tingling. The pain was rated 7-9/10. The patient also complained of constant left thumb and third pain with tingling. There was stiffness in the thumb and left third finger. The pain radiated from the fingers up to the hand and wrist. There was increased pain and weakness with hand function, pushing, and pulling. The patient had depression, anxiety, frustration, and stress due to on-going discomfort. There was a stomach problem due to stress. The pain was rated 5/10 with medications and 9/10 without medications. The patient had gastro-esophageal reflux disease related upset. On upper extremity examination, there was tenderness and mild swelling noted upon palpation at the right hand. The Grip strength test with Jamar Hand Dynamometer was not possible bilaterally. There was allodynia, discoloration and temperature changes in the right upper extremity. These are specific findings that would be highly suspicious of a complex regional pain syndrome or RSD case. Therefore the request for the right stellate ganglion block is medically necessary.