

Case Number:	CM14-0118670		
Date Assigned:	09/16/2014	Date of Injury:	07/04/2013
Decision Date:	10/22/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37 year-old male who was reportedly injured on July 4, 2013. The mechanism of injury is noted as a laceration. The most recent progress note dated August 19, 2014, indicates that there were ongoing complaints of left upper extremity pain. The physical examination demonstrated a 5'3", 97 pound individual who appeared to be uncomfortable. There are no changes of atrophy or finance consistent with a reflex sympathetic dystrophy or complex regional pain syndrome. Range of motion of the cervical spine in shoulder were reproducible and in a slowly reduce fashion on the left.. Diagnostic imaging studies were not part of this presentation. Previous treatment includes multiple injections, physical therapy and other pain management interventions. A request was made for sympathetic blocks and was not certified in the pre-authorization process on July 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Upper Extremity Sympathetic Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 103 of 127.

Decision rationale: The standards for regional sympathetic block regular limited to a diagnosis of therapy for complex regional pain syndrome. When noting the physical examination reported, the lack of atrophy, allodynia, or any other hallmark findings associate of this diagnosis, the assessment is not consistent with the request. Therefore, Left Upper Extremity Sympathetic Block is not medically necessary.