

Case Number:	CM14-0125029		
Date Assigned:	08/13/2014	Date of Injury:	09/12/2001
Decision Date:	09/26/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family 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:

Patient is a 61-year-old male who has submitted a claim for major depression, sciatica, lumbosacral radiculitis, lumbar disc protrusion, myofascial pain syndrome, and sleep disorder associated with an industrial injury date of 9/12/2001. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain, bilateral shoulder, wrist pain and neck pain. There was continuation of the bilateral upper extremity pill-rolling tremor which may be parkinsonian in nature, as stated. The lower extremities did not demonstrate shuffling gait. Patient reported that low back pain radiated to the right lower extremity, rated 8/10 in severity. Pain was described as achy, tingling, sharp, severe, stabbing, shooting, associated with numbness and tingling sensation. Symptoms improved with neuromodulation device, which had been removed due to minor infection. He admitted poor motivation due to severe pain. Mental status examination was normal. Multiple trigger points were found along the sub occipital region. Range of motion of the cervical spine, lumbar spine, and bilateral shoulder was limited. Tenderness was noted at the left upper extremity. Hand grip was diminished at the left. Phalen's test was positive. Sensation was intact. Straight leg raise test was negative. Muscle atrophy was not noted. There were fine motor fasciculation's of the right lower extremity. Treatment to date has included spinal cord stimulator and subsequent removal, lumbar surgery, left shoulder arthroscopy, physical therapy, chiropractic care, use of a TENS unit, epidural steroid injection, and medications such as Wellbutrin, Zanaflex, Skelaxin, and Buspar. Utilization review from 7/24/14 denied the request for stellate ganglion block because there was no clear detail provided for this procedure and there was no evidence of complex regional pain syndrome to warrant such; and denied psychological re-eval for anticipated stimulator re-trial because there was no mention in the records of the need to do another stimulator trial. There was no clear detail

provided as to what the previous psychological evaluation revealed and recommendations made at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

STELLATE GANGLION BLOCK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks, page(s) 39; Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), page 103-104 Page(s): 39; 103-104.

Decision rationale: As stated on pages 103-104 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is limited evidence to support stellate ganglion block (SGB), with most studies reported being case studies. This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Proposed indications for pain include: CRPS; herpes zoster and post-herpetic neuralgia; and frostbite. Stellate ganglion blocks are recommended only for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeat blocks are only recommended if continued improvement is observed. In this case, patient complained of bilateral shoulder and neck pain. There was continuation of the bilateral upper extremity pill-rolling tremor which may be parkinsonian in nature, as stated. There was no clear indication for this request. Clinical manifestations were not consistent with CRPS, herpes zoster and postherpetic neuralgia to warrant such treatment procedure. The medical necessity cannot be established due to insufficient information. Therefore, the request for stellate Ganglion block is not medically necessary.

PSYCHOLOGICAL RE-EVAL FOR ANTICIPATED STIMULATOR RE-TRIAL:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. Therefore, the request for is medically necessary. In this case, patient complained of low back

pain radiating to the right lower extremity, rated 8/10 in severity. Symptoms improved with neuromodulation device, which had been removed due to minor infection. Patient also had symptoms of depression and presented with poor motivation due to severe pain. Current treatment regimen included Wellbutrin and Buspar. Mental status examination was normal. However, medical records submitted and reviewed failed to provide information concerning treatment plan for reimplantation of a neuromodulation device. Moreover, previous progress reports from psychologist were not made available for review. The medical necessity for reevaluation cannot be established due to insufficient information. Therefore, the request for psychological re-evaluation for anticipated stimulator re-trial is not medically necessary.