

Case Number:	CM14-0133244		
Date Assigned:	08/22/2014	Date of Injury:	11/06/2006
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 44 year old female presenting with chronic pain following a work related injury on 11/06/2006. The claimant was diagnosed with reflex sympathetic dystrophy of the lower and upper limb, chronic pain due to trauma, depressive disorder, muscle spasm, migraine, brachial neuritis, scoliosis of cervical spine and cervical spondylosis without myelopathy. The claimant has a left L2 and L4 sympathetic block on 07/21/2014 and reported significant improvement in pain and function in lower left extremity. On 08/06/2014, the claimant had a left sided block that helped but had a flare-up last night. The claimant has a lumbar spinal cord stimulator in place. The claimant no longer has a cervical spinal cord stimulator and has improved range of motion. The physical exam showed restricted cervical and lumbar range of motion. A claim was placed for a right and left stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side stellate ganglion nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39, 108.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IV Regional Blockade Page(s): 103-104.

Decision rationale: Right side stellate ganglion nerve block is not medically necessary. Page 103 of the chronic pain medical treatment guidelines states that stellate ganglion blocks are indicated for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities; specifically pain associated with complex regional pain syndrome, herpes zoster and post-herpetic neuralgia as well as frostbite and circulatory insufficiency. The enrollee does have physical findings consistent with complex regional pain; however per Ca MTUS IV regional sympathetic blocks are recommended in conjunction with a rehabilitation program. There is no documentation or plan of rehabilitation program; therefore the requested procedure is not medically necessary.

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