MAXIMUS Federal Services

Case Number:	CM14-0133826		
Date Assigned:	11/05/2014	Date of Injury:	06/24/2011
Decision Date:	12/17/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/21/2014

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:

This is a patient with a date of injury of 6/24/11. A utilization review determination dated 8/6/14 recommends non-certification of left wrist MRI and left stellate ganglion block #2. Spinal cord stimulator paddle placement was certified. The report noted that, in discussion with the provider, it was reveals that the SCS trial gave greater than 50% pain relief, reduced opioid use by 90%, and significantly improved ability to use the affected hand. 8/6/14 medical report identifies ongoing LUE pain 8/10. Meds and paddle placement were not approved. Has been without medications for 3 weeks with significant increase in pain, allodynia, burning in fingertips, and diaphoresis over palm of hand. Paddle placement was denied although the patient had psych clearance and completed pain profile. She did have SCS trial. Left wrist has pain and obvious functional deficit as she cannot use it at all. She got 40% relief from first stellate ganglion block and the second block is to be able to participate in PT. On exam, there is left wrist and hand decreased hair growth and diaphoresis, limited ROM, allodynia, increased temperature, and discoloration. Recommendations include SCS paddle placement, left stellate ganglion block #2, and left wrist MRI to assess for ligamentous injury in light of significant increase in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Forearm, Wrist, & Hand Procedure Summary (updated 02/18/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Regarding the request for MRI of left wrist, California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Within the documentation available for review, the provider noted that the reason for the MRI is to assess for ligamentous injury in light of a significant increase in pain. However, the provider also noted that the patient had been without medications for 3 weeks with significant increase in pain, allodynia, burning in fingertips, and diaphoresis over palm of hand. It appears that the increased pain was attributed to lack of pain medication and there is no indication of any symptoms/findings supportive of ligamentous injury. In the absence of such documentation, the currently requested MRI of left wrist is not medically necessary.

Left stellate ganglion block #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, CRPS, sympathetic blocks (therapeutic)

Decision rationale: Regarding the request for left stellate ganglion block #2, Chronic Pain Medical Treatment Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. ODG state that there should be evidence that all other diagnoses have been ruled out before consideration of use, as well as evidence that the Budapest criteria have been evaluated for and fulfilled. The guidelines go on to state that if a sympathetic block is utilized for diagnosis, there should be evidence that the block fulfills criteria for success including increased skin temperature after injection without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should also occur. For therapeutic injections, guidelines state that they are only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Within the documentation available for review, the patient appears to have CRPS and did receive 40% relief from the previous block, but the above mentioned criteria have not been clearly met. Furthermore, the patient has a pending placement of spinal cord stimulator paddles, which may obviate the need for additional blocks. In light of the above issues, the currently requested left stellate ganglion block #2 is not medically necessary.

Spinal cord stimulator paddle placement: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38, 101, 105-107.

Decision rationale: Regarding the request for spinal cord stimulator paddle placement, CA MTUS states that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Within the documentation available for review, it appears that the patient previously underwent SCS trial that resulted in greater than 50% pain relief, reduced opioid use by 90%, and significantly improved ability to use the affected hand, and there is indication of psychological clearance. Of note, this request was certified by the utilization reviewer. In light of the above, the currently requested spinal cord stimulator paddle placement is medically necessary.