

Case Number:	CM14-0136772		
Date Assigned:	09/03/2014	Date of Injury:	11/05/1997
Decision Date:	10/28/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 and 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 58-year-old female who reported an injury after getting her right upper extremity crushed by a car door on 11/05/1997. She then developed progressive complex regional pain syndrome and reflex sympathetic dystrophy in both extremities and the neck. Her RSD progressed from the right wrist and arm to the neck and other extremities. On 06/30/2014, it was noted that she had seen multiple specialists, tried physical therapy, anti-inflammatory medications, muscle relaxants, chiropractic treatments, sympathetic blocks, nerve stimulators, and narcotic infusion pump implants. None of those therapies had reduced her pain to a comfortable level. Her right wrist, arm, and shoulder pain was rated at 8/10 to 9/10. Her left arm pain was rated at 7/10. She had hypersensitivity to touch and pressure in the right upper extremity. On 09/07/2012, she was admitted to a psychiatric unit for depression, anxiety, and suicidal ideation. There was no other clinical data submitted in this injured worker's chart. There was no rationale or Request for Authorization included in her chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Block Injection Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks Page(s): 39-40, 103-104 and 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympa.

Decision rationale: The request for stellate ganglion block injection right wrist is not medically necessary. The California MTUS Guidelines note that there is limited evidence to support stellate ganglion blocks (SGB), with most studies reported being case studies. As noted above, this worker has had an unknown number of previous sympathetic blocks. There was no documentation regarding the dates or any functional benefits of these blocks, but they were noted to have been ineffective in reducing her discomfort. There was no indication that she was able to reduce her analgesic usage as a result of those blocks. Relative to this lack of documented benefit and the limited supporting evidence in the guidelines, this request for stellate ganglion block injection right wrist is not medically necessary.