

Case Number:	CM14-0143848		
Date Assigned:	09/12/2014	Date of Injury:	07/05/2008
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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 & Rehabilitation 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:

According to the records made available for review, this is a 64-year-old female with a 7/5/08 date of injury. At the time (8/25/14) of the Decision for right stellate ganglion block, there is documentation of subjective (significant pain) and objective (spinal vertebral tenderness was noted in the cervical spine C4-7, myofascial trigger points noted in the rhomboids bilaterally, range of motion of the cervical spine moderately limited due to pain, tenderness noted to palpation in the bilateral paravertebral area L1-3 levels and L4-S1 levels, lumbar spine range of motion limited due to pain, facet signs were present in the lumbar spine, and right sternoclavicular severe tenderness) findings, current diagnoses (right ankle pain/complex regional pain syndrome right lower extremity and right upper extremity), and treatment to date (stellate ganglion blocks). There is no documentation of evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) after previous blocks, as well as participation in physical therapy/ occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right stellate ganglion block: Upheld

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 CRPS, sympathetic and epidural blocks Page(s): 39-40. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS, sympathetic blocks (therapeutic)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of stellate ganglion blocks. ODG identifies documentation of evidence of increased range of motion, pain and medication use reduction, increased tolerance of activity and touch (decreased allodynia), and participation in physical therapy/ occupational therapy, as criteria necessary to support the medical necessity of repeat stellate ganglion blocks. Within the medical information available for review, there is documentation of diagnoses of right ankle pain/complex regional pain syndrome right lower extremity and right upper extremity. In addition, there is documentation of previous stellate ganglion blocks. However, there is no documentation of evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) after previous blocks, as well as participation in physical therapy/ occupational therapy. Therefore, based on guidelines and a review of the evidence, the request for right stellate ganglion block is not medically necessary.