

Case Number:	CM14-0144739		
Date Assigned:	09/12/2014	Date of Injury:	07/25/2003
Decision Date:	10/14/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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 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 57-year-old female who reported an injury on 07/25/2003. She was reportedly traveling and a 50 pound roller bag fell from the overhead compartment and landed on her. On 04/17/2013, the injured worker presented with cervical and upper extremity pain. Upon examination, there was generalized moderate tenderness over the neck and shoulder girdle. There was 4/5 strength in the major muscle groups. There was altered left shoulder depression, right shoulder depression, internal rotation of the left shoulder and internal rotation of the right shoulder. Diagnoses were nerve root and plexus disorders, brachial plexus lesion, lumbosacral plexus lesion, cervical root lesion, thoracic root lesion, carpal tunnel syndrome, lesion of the ulnar nerve, degenerative cervical intervertebral disc and cervicalgia. Prior treatments included physical therapy and a cervical epidural steroid injection. The provider recommended a stellate ganglion block. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Block anesthetic injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Regional sympathetic b.

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

Decision rationale: The request for a Stellate Ganglion Block anesthetic injection is not medically necessary. The California MTUS Guidelines recommend stellate ganglion block for the diagnosis and therapy of CRPS. There is limited evidence to support this procedure with most studies reported being case studies. The injured worker does not have a diagnosis of CRPS. Therefore, a stellate ganglion block would not be warranted. The providers request does not indicate the site at which the injection was indicated for in the request as submitted. There were not physical exam findings demonstrated to warrant the requested injections. As such, medical necessity has not been established.