

Case Number:	CM14-0152288		
Date Assigned:	09/22/2014	Date of Injury:	12/10/2013
Decision Date:	10/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/18/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 55-year-old female who reported a work related injury on 12/10/2013. The mechanism of injury was not provided for review. The injured worker's diagnosis was repetitive strain injury. Past treatment has included a home exercise program, physical therapy, medication, and ice and heat. The injured worker had 0% relief from the right stellate ganglion block administered on 08/15/2014. The provider stated that, "following the stellate ganglion block, there was almost complete resolution of pain in the right lower extremity." Diagnostic studies included an EMG/NCS dated 01/06/2014, which revealed left distal median sensory neuropathy at the wrist, indicating carpal tunnel syndrome. An x-ray dated 12/12/2013 revealed no evidence of acute fracture or dislocation. Surgical history includes a right stellate ganglion block performed on 08/15/2014. Upon examination on 07/28/2014 the injured worker complained of sharp pain in the wrist. She rated the pain at 8/10 on a VAS pain scale. The injured worker stated that her work tolerance was improved by 10% with opioid medications. Upon physical examination, there was significant enlargement of the right first and second middle carpophalangeal joints. Allodynia and hyperalgesia were noted to be present. Range of motion of the fingers and wrists were restricted with pain. The injured worker's prescribed medications were Tylenol, Norco, and Percocet. The treatment plan consisted of a request for a series of 6 stellate ganglion blocks for the right side, separated by a week. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion blocks right side series of 6 separated by 1 week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding treatment guidelines for Regional sympathetic blocks (st.

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

Decision rationale: The request for Stellate ganglion blocks right side series of 6 separated by 1 week is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines state that stellate ganglion blocks, called thoracic sympathetic blocks, are recommended when there is documentation of motor and/or sensory block. In regards to the injured worker, the documentation submitted shows evidence of conflicting results regarding the previous procedure of the right stellate ganglion block performed on 08/15/2014. The injured worker stated that they had 0% relief, and the provider stated the injured worker had complete resolution with the blocks. Within the documentation provided for review, the injured worker statements concerning the block and the physician's statements regarding the block do not correlate. As such, there is a lack of clarification of whether the block was helpful or not. As such, the request is not medically necessary.