

Case Number:	CM14-0160752		
Date Assigned:	10/06/2014	Date of Injury:	10/13/2013
Decision Date:	12/22/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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 Interventional Spine 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 patient is a 40 year old female with an injury date of 10/13/13. Based on the 05/13/14 progress report provided by treating physician, the patient complains of pain and burning sensation to the left hand. Physical examination to the left hand revealed tenderness relatively good range of motion. EMG studies dated 04/21/14 suggest pathology at the Guyon's canal. Patient's numbness involves all digits. Patient has been taking Gabapentin with satisfactory improvement of the burning sensation but not the pain. Per treater report dated 07/22/14, patient received her first sympathetic ganglionic block and indicated that she did not notice any significant improvement, even on a temporary basis. Diagnosis 05/13/14- second degree burn wound with remote possibility of reflex sympathetic dystrophy. The utilization review determination being challenged is dated 09/25/14. Treatment reports were provided from 04/06/13 - 08/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellgate Ganglion Block: 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 CRPS, sympathetic and epidural blocks; Regional sympathetic blocks Page(s): 39-40;103-104.

Decision rationale: The patient presents with pain and burning sensation to the left hand. The request is for Stellate Ganglion Block. Patient's diagnosis dated 05/13/14 was second degree burn wound with remote possibility of reflex sympathetic dystrophy. MTUS, page 39-40 states: "CRPS (complex regional pain syndrome), sympathetic and epidural blocks are recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade." "Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; poor coping skills; Litigation." MTUS p103-104 also states: "Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion blocks (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. "Treater has not provided reason for the request. Based on guidelines, the usefulness of repeated blocks still remains controversial, with limited evidence to support the requested procedure for the treatment of patient's CRPS. Per treater report dated 07/22/14, patient received her first sympathetic ganglionic block and indicated that she did not notice any significant improvement, even on a temporary basis. Examination findings do not show hypersensitivity, dystrophic skin changes, joint stiffness or swelling, discoloration, the hallmark signs of CRPS. The request is not in line with MTUS indications, therefore is not medically necessary.