

Case Number:	CM14-0162207		
Date Assigned:	10/07/2014	Date of Injury:	03/07/2013
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported an injury on 03/27/2013. The mechanism of injury occurred when she was lifting a cash drawer weighing approximately 15 to 20 pounds, it slipped and subsequently hit her on the right forearm. Diagnoses included cervical strain, and injury to cervical nerve root. Past treatments included acupuncture, TENS, physical therapy, and medications. An official MRI of the cervical spine was completed on 04/22/2014, and revealed mild cervicothoracic spondylosis, C5-6 bilateral foraminal stenosis, and T2-3 disc protrusion with right foraminal stenosis and mild narrowing of the central canal. Pertinent surgical history was not provided. The clinical note dated 08/21/2014 indicated the injured worker complained of pain in the right forearm radiating up and down the right shoulder and neck. She denied any numbness or tingling in the upper extremities or hands. The physical exam revealed tenderness to palpation of the cervical spine, right shoulder, and right lateral epicondyle. The physician noted that strength and neurovascular exams in these areas were intact. Current medications included Oxaprozin. The treatment plan included stellate ganglion block. The rationale for the treatment plan was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Regional sympathetic blocks (stellate ganglion block), Page(s): page 103..

Decision rationale: The California MTUS Guidelines indicate that there is limited evidence to support the use of stellate ganglion block, and use is generally limited to diagnosis and therapy for chronic regional pain syndrome. The clinical documentation provided indicated the injured worker complained of pain in the right forearm, radiating up and down the right shoulder and neck. There is a lack of clinical documentation to support the diagnosis of chronic regional pain syndrome. As the guidelines indicate that there is limited evidence to support the requested treatment, the treatment plan cannot be supported at this time. Therefore, the request for a Stellate Ganglion Block is not medically necessary.