

Case Number:	CM13-0030894		
Date Assigned:	12/11/2014	Date of Injury:	05/04/2010
Decision Date:	01/21/2015	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/01/2013

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 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 38 year-old female with a date of injury of May 4, 2010. The patient's industrially related diagnoses include sprain/strain of the lumbar spine, thoracic spine and cervical spine, contusion of the left hip, muscle spasm, left upper extremity RSD (reflex sympathetic dystrophy), and myalgia/myositis. Previous treatments included nerve blocks/injection (date of left interscalene block was not documented), narcotic pain medications, physical therapy, TENS use, and acupuncture. The injured worker had left sacroiliac joint fusion on 1/14/2013, left shoulder arthroscopic subacromial decompression with distal clavicle resection on 1/13/2014, and hardware removal from the right foot/ankle (date not documented). The disputed issues are left stellate ganglion block, spinal cord stimulator trial with 3 leads, and follow-up visits (#2) following stellate ganglion block and stimulator trial. A utilization review determination on 9/17/2013 had non-certified these requests. The stated rationale for the denial of left stellate ganglion block was: "CA MTUS notes stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. In this case, there is no documentation of CRPS, thus left ganglion block is not medically necessary per CA MTUS." The stated rationale for the denial of the spinal cord stimulator was: "CA MTUS spinal cord stimulators (SCS) indications include: failed back syndrome; CRPS; post herpetic neuralgia; spinal cord injury; multiple sclerosis; and peripheral vascular disease. In this case, there is no documentation that any of the indications cited is present to consider a spinal cord stimulator trial." Lastly, the stated rationale for the denial of two follow up visits was: "Stellate ganglion block and stimulation trial are not recommended per CA MTUS guidelines, thus follow-up visits (#2) following stellate ganglion block and stimulation trial are not medically necessary per CA MTUS guidelines."

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial with 3 Leads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS) Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38, 101, 105-107 of 127.

Decision rationale: Regarding the request for a spinal cord stimulator (SCS) trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome (CRPS), neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, while the injured worker was diagnosed with left upper extremity CRPS, it does not appear that all invasive procedures had failed. There was indication that the injured worker was attending physical therapy and aqua therapy and the treating physician also requested a left stellate ganglion block at the same time as the SCS trial. Furthermore, there was no documentation that the injured worker had undergone a successful psychological clearance evaluation prior to the request. In a subsequent progress report dated 8/12/2014, the treating physician documented that the injured worker was having anxiety- and depression-like symptoms secondary to chronic pain from RSD and recommended a psychiatric consultation for evaluation of these symptoms. In the absence of such documentation, the request for a spinal cord stimulator trial is not medically necessary.

Left Stellate Ganglion Block: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, CRPS, sympathetic blocks (therapeutic)

Decision rationale: Regarding the request for left stellate ganglion block, Chronic Pain Medical Treatment Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. ODG state that there should be evidence that all other diagnoses have been ruled out before consideration of use, as well as evidence that the Budapest criteria have been evaluated for and fulfilled. The guidelines go on to state that if a sympathetic block is utilized for diagnosis, there should be evidence that the block fulfills criteria for success including increased skin temperature after injection without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should also occur. For therapeutic injections, guidelines state that they are only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Within the submitted medical records

available for review, there was documentation that the injured worker was diagnosed with complex regional pain syndrome (CRPS previously known as reflex sympathetic dystrophy RSD) of the left upper extremity at the time of the request. The injured worker was previously treated for her RSD with physical therapy, aqua therapy, and interscalene blocks. The utilization reviewer non-certified the request because there was no documentation of CRPS. However, in the progress report dated 7/30/2013, it was documented that the injured worker had "some recent interscalene blocks in the left upper extremity and holds her left UE as if it is being held in a sling," and was diagnosed with left upper extremity reflex sympathetic dystrophy per another doctor. In the progress report dated 8/8/13, the requesting physician documented positive findings of pain, tenderness, and swelling on physical exam consistent with the RSD diagnosis. Based on the documentation and guidelines recommendations, the previously requested left stellate ganglion block is medically necessary.

Follow-up Visits (#2) following stellate ganglion block and stimulation trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits

Decision rationale: Regarding the request for a follow-up visit, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment.... The determination of necessity for an office visit requires individualized case review and assessment. " Within the documentation available for review, the treating physician requested two follow up visits following the left stellate ganglion block and the spinal cord stimulation trial. While medical necessity was established for the left stellate ganglion block, it was not established for the spinal cord stimulation trial. Since the request was made for two follow up visits after both procedures, the request for two follow-up visits is not medically necessary.