

Case Number:	CM13-0059554		
Date Assigned:	06/20/2014	Date of Injury:	02/03/2012
Decision Date:	03/24/2015	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	12/02/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 26 year old male, who sustained an industrial injury on 2/3/12. On 12/2/13, the injured worker submitted an application for IMR for review of Stellate ganglion block under fluoroscopic guidance (left thumb). The treating provider reported on 10/3/13, the injured worker complained of persistent pain in the left thumb, particularly at the base of the thumb and wrist; signs and symptoms of swelling, warmth and hypersensitivity and allodynia as well as immobility of the thumb. The diagnoses have included soft tissue injury left thumb, sprain/strain left thumb. Treatment to date has included status post removal of bone chips left thumb (10/2012), x-rays (1/14/13), physical therapy and medications. On 12/22/13 Utilization Review non-certified Stellate ganglion block under fluoroscopic guidance (left thumb). The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion block under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-272.

Decision rationale: This 26 year old male has complained of left thumb pain since date of injury 2/3/12. He has been treated with surgery, physical therapy and medications. The current request is for stellate ganglion block under fluoroscopic guidance. Per the MTUS guidelines cited above, stellate ganglion block under fluoroscopic guidance is not indicated in the treatment of thumb complaints. On the basis of the available medical documentation and per the MTUS guidelines cited above, stellate ganglion block under fluoroscopic guidance is not indicated as medically necessary.