

Case Number:	CM14-0175046		
Date Assigned:	10/28/2014	Date of Injury:	12/10/2013
Decision Date:	09/18/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/23/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old female with an industrial injury dated 12-10-2013. Her diagnoses included carpal tunnel syndrome, CRPS (chronic regional pain syndrome) type 1 upper extremity and CRPS type II upper extremity. Prior treatment included medications, stellate ganglion block, acupuncture, bilateral wrist splints and home exercises. She presented on 09-09-2014 with complaints of pain in bilateral upper extremities rated as 8 out of 10. She notes the pain has worsened 20% since her last visit. Physical exam revealed significant enlargement of the 1st and 2nd metatarsophalangeal joints, worse on the right side. There was a blotchy redness with "intermittent blenching of the skin of both hands." Range of motion of the fingers and wrist was approximately 50% of normal. Range of motion was painful. Tinel's was positive at the wrists. Stellate ganglion block was done on 08-15-2014 and the injured worker reported approximately 70% pain relief in her right fingers and decreased severity of pain into the forearm for approximately 3-4 days. The treatment request is for stellate block injections bilaterally, Qty: 6

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate block injections bilaterally, qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block (SGB), Cervicothoracic sympathetic block.

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

Decision rationale: The claimant sustained a work-related injury in December 2013 and is being treated for chronic pain including a diagnosis of CRPS. A left stellate ganglion block was done on 08/15/14 with near complete resolution of pain and with findings that confirm a successful sympathetic block. When seen, she had pain rated at 4-8/10. There was positive right Tinel and Phalen tests. Findings were consistent with her diagnosis of CRPS. Carpal tunnel release surgery was planned and a series of stellate ganglion block with physical therapy was requested prior to the procedure. Criteria for a cervical sympathetic (stellate ganglion) block include that there should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Sympathetic blocks are not a stand-alone treatment. In acute exacerbations of patients who have documented evidence of sympathetically mediated pain, 1 to 3 blocks may be required for treatment. In this case, the number of blocks being requested is in excess of that recommended and is not considered medically necessary.