

Case Number:	CM14-0206046		
Date Assigned:	12/18/2014	Date of Injury:	11/18/2010
Decision Date:	02/13/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/09/2014

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 Anesthesiology 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:

This patient is a 46-year-old female with a date of injury of 10/27/2011. This patient's diagnoses include multilevel cervical degenerative disc disease bilateral upper extremity radiculopathy, right C2-3 facet arthropathy and right upper extremity Complex Regional Pain Syndrome or CRPS. On 09/22/2014 there is a request for a series of stellate sympathetic ganglion blocks. The reasons for the request for the series of these blocks are noted to be helpful in facilitating management and possibly providing a remission of RSD/CRPS, furthering diagnostic information and helping to provide prognostic information. The request for a series of stellate sympathetic ganglion blocks in conjunction with hand OT was not certified on 12/01/2014 secondary to "documentation does not support the patient has exam finding consistent with CRPS."

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of stellate sympathetic ganglion blocks in conjunction with hand/OT: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathectomy, Injection with anesthetics and/or steroids, Intravenous regional blocks (fo. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic),

CRPS, sympathetic blocks and on Other Medical Treatment Guideline or Medical Evidence: Cervical sympathetic and stellate ganglion blocks. Pain Physician. 2000 Jul;3(3):294-304; Analysis of peak magnitude and duration of analgesia produced by local anesthetic injected into sympathetic ganglia of complex regional pain syndrome patients. Clin J Pain. 1998;14(3):216

Decision rationale: This is review for the requested series of stellate sympathetic ganglion blocks in conjunction with hand OT. Complex Regional Pain Syndrome or CRPS typically occurs in three stages. The first stage involves the development of pain in a limb. Some of the features of the pain include burning or throbbing, diffuse pain and/or sensitivity to touch. The diagnosis of CRPS can be difficult due to the lack of objective findings. There is no one laboratory test or "gold standard" which can be used to make the diagnosis of CRPS. Pharmacologic treatment modalities with some evidence of efficacy include stellate ganglion block with local anesthetic. It can help with diagnosis and mobilization of the affected limb. Stellate Ganglion blocks is abandoned if an immediate response does not occur after the first or second block. According to the MTUS Guidelines for CRPS, a local anesthetic Stellate Ganglion Block consistently gives 90 to 100 percent relief each time a technically good block is performed. In addition, MTUS Guidelines state that regional sympathetic blocks such as the stellate ganglion block is generally limited to the diagnosis and therapy for pain, which includes CRPS. According to the MTUS Guidelines, the stellate ganglion block has limited evidence to support its utilization for the treatment of pain (including CRPS) for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities. "Lower cervical or upper thoracic sympathetic block (stellate ganglion block) is a commonly performed procedure, which if performed correctly can provide good therapeutic, prognostic and diagnostic values." The ODG recommends that if a sympathetic block is utilized for diagnosis "there should be evidence that this block fulfills criteria for success including the skin temperature after the block shows a sustained increase, without evidence of thermal or tactile sensory block." In addition, among other ODG recommendations there is also a recommendation of "evidence of physical or occupational therapy incorporated with the duration of symptom relief of the block during the therapeutic phase." The above listed issue is considered medically necessary.