

Case Number:	CM14-0213767		
Date Assigned:	12/31/2014	Date of Injury:	09/20/2001
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/22/2014

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 is a 46 year old female who had industrial injury on 9/20/01 related to a trip and fall. She had obtained xrays, MRI scans, EMG studies, physical therapy, Platelet rich plasma injections, surgery, and medications. She had an EMG that was positive for bilateral cubital tunnel syndrome on 1/10/07. On 2/16/14 a neurologist gave her a diagnosis of status post multiple thoracic outlet surgeries. Examination on 10/13/14 has a physician state the injured worker is awaiting stellate ganglion and plexus block. Physical examination findings were mottled, puffy hands, alloydina. A Diagnosis of Chronic Regional Pain Syndrome was given with a treatment plan to do stellate and plexus block with pulsed radiofrequency ablation. On 11/18/14 a non certification was made for the bilateral stellate block and the brachial plexus block with pulsed radiofrequency. The rationale for the denial for the stellate block was due to lack of evidence to support the procedure and no evidence the criteria for a therapeutic block has been met. The rationale for the denial for the pulsed radiofrequency is due to guidelines not recommending the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral stellate block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009), 8 C.C.R. 9792.20 - 9792.26 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 stellate ganglion injections, 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 documentation available for review, there is no indication that the Budapest criteria have been evaluated for and fulfilled. In the absence of such documentation, the currently requested stellate ganglion injections are not medically necessary.

One brachial plexus block with PRF: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 102 OF 127.

Decision rationale: Regarding the request for one brachial plexus block with PRF, California MTUS cites that PRF is no recommended. In light of the above issues, the currently requested one brachial plexus block with PRF is not medically necessary.