

Case Number:	CM15-0001792		
Date Assigned:	01/12/2015	Date of Injury:	10/13/2013
Decision Date:	03/16/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old female sustained a burn injury to the left hand on 10/13/13. The injured worker was diagnosed with 2nd degree burns of the left hand. The injured worker complained of ongoing pain and sensitivity to the left hand impairing ability to perform activities of daily living. Work status was temporary total disability. Treatment included medications, physical therapy and left stellate injection that provided transient relief of pain. On 11/17/14, the injured worker underwent a left cervical sympathetic epidural infusion. In a PR-2 dated 12/5/14, the injured worker reported 50% relief from neck pain and 75% relief from arm pain following the infusion allowing for a decrease in the use of medications and an increase in functional ability. Physical exam was remarkable for left hand and arm less swollen than previous exams and hypersensitivity of the left and arm with improved range of motion. Current diagnoses included left upper extremity CRPS-1. Current medications included Neurontin 300mg three times a day, Norco 5/325mg every four hours as needed, Elavil 25mg at bedtime and Klonipin (no dosage noted). The treatment plan included weaning medications as tolerated, left cervical sympathetic injection and continuing a home exercise program. On 12/26/14, Utilization Review noncertified a request for a left cervical sympathetic injection citing MTUS and ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical Sympathetic Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Regional sympathetic blocks (stellate ganglion block, tho.

Decision rationale: The patient presents with left hand pain rated at 8-9/10. The request is for LEFT CERVICAL SYMPATHETIC INJECTION. The request for authorization is dated 12/16/14. The patient is status-post left stellate injection 07/19/14. The patient is status-post left cervical sympathetic injection 11/17/14. Per progress report dated 12/05/14 patient states following injection a pain relief of 50% to neck and 75% to her arm, decrease in medications and increase in functionality. The patient is to continue her home physical therapy program as directed. The patient's medications include Gabapentin, Neurontin, Norco, Elavil, Klonopin and Lyrica. The patient is temporarily totally disabled. MTUS, page 39-40 states: "CRPS, sympathetic and epidural blocks. Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade." "Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; Poor coping skills; Litigation." MTUS p103-104 also states: "Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies." Treater has not provided reason for the request. The patient has been diagnosed with CRPS and previously received a left cervical sympathetic injection. However, in review of the provided medical records, there is conflicting information with no objective evidence of significant and sustained improvements with trial of left cervical sympathetic injection. Although report from 12/5/14 reads improvement from prior injection, other reports closer to the procedure show otherwise. Per progress report dated 07/22/14, patient states after injection that she did not notice any significant improvement, even on a temporary basis. Per progress report dated 11/25/14, patient states after injection pain decreased for no more than two days. Repeated injections are only recommended if continued improvement is observed. Therefore, the request IS NOT medically necessary.