

Case Number:	CM15-0005206		
Date Assigned:	01/16/2015	Date of Injury:	02/24/2011
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/09/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 injured worker is a 54 year old female who sustained an industrial injury on 02/24/2011. Diagnoses include reflex sympathetic dystrophy, chronic pain adhesive capsulitis psychogenic gain and depression. Treatment has included physical and chiropractic therapy, right carpal tunnel injections x 2, as well as stellate ganglion block in 2011, and medications. A physician progress note dated 11/03/2014 documents the injured worker continues to have chronic right upper extremity pain. She rates her pain as 10/10 on the Visual Analogue Scale (VAS). It radiates up into her shoulder region, however the pain emanates from her hand and forearm. Her neck is stiff and she feels uneasy, she does have anxiety. Her grip strength of the right upper extremity is decreased versus the left. Her right shoulder is painful to palpation along the anterior joint and acromioclavicular joint. Supraspinatus test produces significant pain. The treating provider is requesting Retrospective Right Stellate Ganglion Block with Fluoroscopic Guidance and IV sedation DOS 10/17/14. On 12/09/2014 the Utilization Review non-certified the request for Retrospective Right Stellate Ganglion Block with Fluoroscopic Guidance and IV sedation DOS 10/17/14, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Right Stellate Ganglion Block with Fluoroscopic Guidance and IV sedation
DOS 10/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39. Decision based on Non-MTUS Citation
www.rsds.org/pdfsall/Ackerman_stellage_ganglion_block.pdf

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks Page(s): 103.

Decision rationale: The patient had a previous stellate ganglion block in 2011. MTUS guidelines under Regional Sympathetic Blocks in the section on stellate ganglion block notes that there is limited evidence to support the procedure of stellate ganglion block. Most studies are case studies. The one prospective double blind study had only 4 subjects. Stellate ganglione block is not medically necessary for this patient and does not improve the long term functional outcome of the patient's condition.