

Case Number:	CM15-0011383		
Date Assigned:	01/29/2015	Date of Injury:	11/21/2006
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/21/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 59 year old female, who sustained an industrial injury on 11/22/2006. She reports neck and right arm pain. Diagnoses include right upper extremity complex regional pain syndrome (CRPS), bilateral de Quervain's tenosynovitis and bilateral carpal tunnel syndrome. There is a co-existing diagnosis of GERD. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 12/2/2014 indicates the injured worker reported left neck and right wrist pain and weakness. There were objective findings of allodynia, discoloration and decrease in function consistent with CRPS. Treatment plan included a series of three right Stellate ganglion blocks. The last series of stellate ganglion blocks on 9/30/2014 resulted in 60-70% reduction in pain, symptomatic relief and reduction in medications utilization's. The medications listed are On 1/7/2015, Utilization Review non-certified the request for a series of three right Stellate ganglion blocks, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three right stellate ganglion blocks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57,104. Decision based on Non-MTUS Citation ODG Pain Chapter, Sympathetic Blocks

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard conservative treatments with medications and PT. The records indicate that the patient completed medications management and PT. There are subjective and objective findings consistent with the diagnosis on CRPS. There is documentation of sustained significant pain relief with functional restoration and reduction in medication utilization following previous stellate ganglion blocks. The criteria for series of 3 right stellate ganglion blocks was met.