

Case Number:	CM15-0015323		
Date Assigned:	02/03/2015	Date of Injury:	05/18/2013
Decision Date:	03/24/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 44 year old female who sustained an industrial injury on 05/18/2013. The current diagnoses include glenoid labral tear-right shoulder, C5 distribution neuropathy, and ulnar-sided triangular fibrocartilage complex tear-right wrist. Treatments to date include medication management, shoulder injection, and physical therapy. Report dated 01/10/2015 noted that the injured worker presented with complaints that included right arm pain. Physical examination was positive for abnormal findings. The utilization review performed on 01/21/2015 non-certified a prescription for sympathetic nerve block for right upper extremity based on the clinical information submitted, physical examination does not establish the presence of sympathetically mediated pain. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic nerve block for right upper extremity: 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 Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympa.

Decision rationale: The MTUS states "Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment. Also see CRPS, diagnostic criteria; CRPS, medications; & CRPS. Stellate ganglion blocks (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects". The treating physician has not provided documentation of the presence of sympathetically mediated pain, no changes in skin texture, excessive sweating or abnormal hair growth. As such, the request for Sympathetic nerve block for right upper extremity is not medically necessary.