

Case Number:	CM15-0016651		
Date Assigned:	02/05/2015	Date of Injury:	07/11/2012
Decision Date:	03/27/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/29/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 46 year old female, who sustained an industrial injury on July 11, 2012. The diagnoses have included pain in joint involving the hand, radial styloid tenosynovitis, and reflex sympathetic dystrophy. Treatment to date has included medications and diagnostic studies including and EMG and nerve conduction studies on January 7, 2015. The medical documentation submitted for review was a physician's evaluation dated January 28, 2015. The injured worker returned for evaluation of her high-level right thumb, hand and forearm pains which were unchanged from the previous evaluation. The diagnosis included right upper extremity complex regional pain syndrome. The pain is located in the right hand and the injured worker reports that the tips of her fingers are frequently cold and discolored. The pain is described as shooting, throbbing, electrical and is intermittent. She rates the pain a 3-10 on a 10-point scale. On January 26, 2015 Utilization Review non-certified a request for Stellate Ganglion Block of the right hand with fluoroscopy and sedation, noting that the guidelines do not recommend the procedure due to lack of evidence to support it. The California Medical Treatment Utilization Schedule was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of Stellate Ganglion Block of the right hand with fluoroscopy and sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion block, right hand fluoroscopy and sedation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- CRPS, sympathetic blocks

Decision rationale: ODG guidelines regarding Recommendations (based on consensus guidelines) for use of sympathetic blocks (diagnostic block recommendations are included here, as well as in CRPS, diagnostic tests): (1) There should be evidence that all other diagnoses have been ruled out before consideration of use. (2) There should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. (3) If a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase (1.5 C and/or an increase in temperature to 34 C) without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should occur. This is particularly important in the diagnostic phase to avoid overestimation of the sympathetic component of pain. A Horner's sign should be documented for upper extremity blocks. The use of sedation with the block can influence results, and this should be documented if utilized. (Krumova, 2011) (Schurmann, 2001) (4) Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled (See #1-3). These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. The records support the presence of CRPS and supports the use of stellate block for diagnostic/therapeutic role.