MAXIMUS Federal Services

Case Number:	CM15-0111255		
Date Assigned:	06/17/2015	Date of Injury:	04/01/2013
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/09/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47 year old female, who sustained an industrial injury on April, 1, 2013 while working as a nurse. The mechanism of injury was cumulative trauma. The injured worker has been treated for right hand complaints. The diagnoses have included right wrist and hand pain, reflex sympathetic dystrophy syndrome, myofascial pain syndrome, myalgia and myositis, depression and carpal tunnel syndrome. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, a transcutaneous electrical nerve stimulation unit and multiple right carpel tunnel surgeries. Current documentation dated April 29, 2015 notes that the injured worker reported right wrist pain. Examination of the right hand revealed allodynia over the right wrist and fingers. The fingers on the right hand were noted to be swollen and the injured worker was unable to make a fist. The treating physician's plan of care included a request for acupuncture treatments #6 and a lumbar sympathetic block with intravenous sedation. A progress report dated May 27, 2015 states that elevation of the right hand reaching above her causes pain referred to the upper arm and shoulder. Decreased dosage of Nucynta has severely worsen the patient's pain. "She has been authorized for a stellate ganglion block." Physical examination reveals allodynia over the right-hand with no significant difference in temperature but decreased grip strength on the right side. Additionally, the patient is unable to make a fist with her right hand. Diagnoses include carpal tunnel syndrome and CRPS of the upper extremity. The treatment plan recommends proceeding with the stellate ganglion block. Notes indicate that the Budepest criteria have been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for 6 visits (twice per week for 3 weeks): Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears that the patient's medication has been reduced and the patient has been advised to continue a home exercise program alongside the requested acupuncture. As such, a 6 visit trial, as requested here, is medically necessary.

Lumbar sympathetic block with IV sedation (stellate ganglion block-cervical): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 103- 104 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, CRPS, sympathetic blocks (therapeutic).

Decision rationale: Regarding the request for stellate ganglion injections, Chronic Pain Medical Treatment Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. ODG state that there should be evidence that all other diagnoses have been ruled out before consideration of use, as well as evidence that the Budapest criteria have been evaluated for and fulfilled. The guidelines go on to state that if a sympathetic block is utilized for diagnosis, there should be evidence that the block fulfills criteria for success including increased skin temperature after injection without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should also occur. For therapeutic injections, guidelines state that they are only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Within the documentation available for review, it appears that the Budepest criteria have been met and one stellate ganglion block has already been authorized. There is no documentation indicating how the patient has responded to the stellate ganglion block in terms of analgesic efficacy, objective functional improvement, or duration of effect. A repeat injection would not be indicated if there is not a positive response to the initial injection. As such, the currently requested stellate ganglion injection is not medically necessary.