

Case Number:	CM15-0112744		
Date Assigned:	06/19/2015	Date of Injury:	09/28/2008
Decision Date:	07/29/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/11/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on September 28, 2008, incurring injuries to the left upper extremity and left shoulder. She was diagnosed with left shoulder injury near the rotator cuff, osteoarthritis, and chronic pain syndrome. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, acupuncture, physical therapy, cervical facet blocks and work restrictions. Currently, the injured worker complained of persistent left shoulder pain with decreased functional mobility, numbness, difficulty carrying, reaching, and lifting objects. She complained of sleep loss secondary to continuous shoulder pain. She reported a pain level of 6-7/10 on a pain scale of 1 to 10. The treatment plan that was requested for authorization included left stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left stellate ganglion block x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines stellate blocks Page(s): 108.

Decision rationale: The California MTUS section on stellate blocks states: Stellate ganglion block. Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment. Detailed information about stellate ganglion blocks, thoracic sympathetic blocks, and lumbar sympathetic blocks is found in Regional sympathetic blocks. Review of the provided clinical documentation does not show that the patient has CRPS. Therefore the request is not medically necessary.