

Case Number:	CM15-0116639		
Date Assigned:	06/24/2015	Date of Injury:	02/20/2014
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female, who sustained an industrial injury on 2/20/2014. Diagnoses include degeneration cervical disc, cervicalgia and adhesive capsulitis of shoulder. Treatment to date has included physical therapy and modified work. Per the Primary Treating Physician's Progress Report dated 6/01/2015, the injured worker reported pain in the general area of the left shoulder and left upper extremities. Physical examination revealed pain from the base of the neck towards the left arm. There was tingling and numbness of the digits of the right hand. Range of motion was 85-90-75 degrees and 25 degrees extension. There was swelling of the left hand. He attempted to make a fist but he lacked the final degrees of range of motion. The plan of care included, and authorization was requested for stellate ganglion block under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Block under Ultrasound Guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic Blocks Page(s): 39-40.

Decision rationale: MTUS recommends use of sympathetic blocks early in the course of an injury and primarily to help in the diagnosis process. A prior physician review concluded that this request was not medically necessary because the patient did not meet diagnostic criteria for CRPS. However, this is a circular argument since a stellate ganglion block is part of the diagnostic process for CRPS. For these reasons, the request is supported by the guidelines to assist with diagnosis. Thus, the request is medically necessary.