

Case Number:	CM15-0119996		
Date Assigned:	06/30/2015	Date of Injury:	09/16/2011
Decision Date:	08/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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

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 55 year old female, who sustained an industrial injury on 9/16/11. The injured worker has complaints of right and left wrist and hand pain with constant numbness and tingling. The documentation noted that there is decreased strength and decreased sensation in bilateral finger tips. The diagnoses have included bilateral carpal tunnel syndrome status post release residuals on the right, right trapeziometacarpal arthritis mild and right De Quervain tenosynovitis. Treatment to date has included magnetic resonance imaging (MRI) of the left upper extremity on 11/15/13 showed flattened morphology of the median nerve and significant attenuation of triangular fibrocartilage with radial attachment, chondral loss and mild reactive marrow edema in the ulnar aspect of the lunate was noted; magnetic resonance imaging (MRI) of the right upper extremity of 11/15/13 showed mildly flattened median nerve within the carpal tunnel was seen and attenuated triangular fibrocartilage was noted; electromyography/nerve conduction study on 8/14/13 showed right mild residual carpal tunnel syndrome with prolonged median sensory latency and ultram. The request was for consultation with pain management physician for possible stellate ganglion block into the right upper extremity #1. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with pain management physician for possible stellate ganglion block into the right upper extremity #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: Based on the 06/04/15 progress report provided by treating physician, the patient presents with right hand pain rated 8/10 with numbness and tingling. The patient is status post right carpal tunnel release in May 2012, and left carpal tunnel release July 2012. The request is for CONSULTATION WITH PAIN MANAGEMENT PHYSICIAN FOR POSSIBLE STELLATE GANGLION BLOCK INTO THE RIGHT UPPER EXTREMITY #1. RFA with the request not provided. Patient's diagnosis on 06/04/15 included status post bilateral carpal tunnel release, rule out right upper extremity reflex sympathetic dystrophy. Physical examination on 02/12/15 revealed positive bilateral Tinel's and Phallen's test. Triggering noted to bilateral ring and pinky fingers. Treatment to date included surgery, imaging and electrodiagnostic studies, and medications. Patient's medications include Ultram. The patient is temporarily totally disabled, per 06/04/15 report. Treatment reports were provided from 10/07/13 - 06/04/15. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. UR letter dated 06/11/15 has modified the request to "Consultation only, with a pain management physician Quantity: 1." Per 06/04/15 report, treater states "We requested for the patient to see a pain management physician for consideration of evaluation for possible complex regional pain syndrome for the right upper extremity." It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a consultation with pain management physician to rule out RSD. Given the patient's continued pain symptoms and diagnosis, this request appears reasonable and may benefit the patient. Therefore, the request IS medically necessary.