

Case Number:	CM15-0125407		
Date Assigned:	07/10/2015	Date of Injury:	01/16/2015
Decision Date:	08/07/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

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 61 year old female, who sustained an industrial injury on 01/16/2015. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having unspecified reflex dystrophy, other closed fractures of the distal end of the radius, and algoneurodystrophy. Treatment and diagnostic studies to date has included occupational therapy, medication regimen, physical therapy, and left stellate ganglion block. In a progress note dated 06/05/2015 the treating physician reports complaints of constant, hot burning, pins and needles, stiff, aching, tingling, electrical pain to the left shoulder, left forearm, left wrist, and the left hand. Examination reveals decreased sensation to the bilateral lower extremities, pain with palpation of the posterior rotator cuff and the teres minor on the left, pain with range of motion to the left shoulder, and moderate visible swelling to the left shoulder. The treating physician noted that left upper extremity strength testing was not performed due to severe sensitivity and pain. The injured worker's current pain level is rated a 2 out of 10. The treating physician noted a left stellate ganglion block was performed on 04/27/2015 that provided 70% pain relief initially along with 50 % relief for at least four more weeks. The treating physician also noted that the injured worker was able to lay on her left side without her shoulder hurting her which she was unable to do prior to the procedure. The treating physician requested 2 additional left stellate ganglion blocks with the treating physician noting that sympathetic chain blocks have been documented to provide significant improvement and should be repeated.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Additional stellate ganglion blocks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2015, Chronic Pain - CRPS, sympathetic block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) CRPS, sympathetic blocks (therapeutic).

Decision rationale: The claimant sustained a work injury in January 2015 with left distal radius and ulnar styloid fractures and continues to be treated for left upper extremity pain including a diagnosis of CRPS. She continues to receive physical therapy. She underwent a cervical sympathetic block on 04/27/15 with a 70% initial relief of pain and 50% pain relief lasting for at least four weeks and she had improved tolerance for weight bearing activities. When seen, she had severe left upper extremity sensitivity. There was a left wrist effusion and decreased range of motion. Criteria for a cervical sympathetic (stellate ganglion) block include that there should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. In the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks, generally given in fairly quick succession in the first two weeks of treatment with tapering to once a week. In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/occupational therapy. Sympathetic blocks are not a standalone treatment. In acute exacerbations of patients who have documented evidence of sympathetically mediated pain, 1 to 3 blocks may be required for treatment. In this case, the claimant has CRPS and responded to the first injection performed and she continues to receive therapy treatments. The above criteria are met and the requested series of blocks is medically necessary.