

Case Number:	CM15-0170901		
Date Assigned:	09/11/2015	Date of Injury:	03/18/2011
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 36 year old female who sustained an industrial injury on 3-18-11. The injured worker reported pain in the left upper extremity, hand and fingers. A review of the medical records indicates that the injured worker is undergoing treatments for complex regional pain syndrome, left arm pain, reflex sympathetic dystrophy right upper limb, reflex sympathetic dystrophy left upper limb, ulnar neuropathy of left upper extremity cubital tunnel syndrome on left. Medical records dated 7-9-15 indicate generalized burning pain in the left upper extremity rated at 10 out of 10. Records indicate worsening of the injured workers activities of daily living. Treatment has included left ulnar nerve block under ultrasound (7-27-15), left sided stellate ganglion block (6-5-15), Oxycodone since at least July of 2015, Ativan since at least July of 2015, Gabapentin since at least March of 2015, Lidocaine patches since at least March of 2015, Norco since at least March of 2015, and cervical spinal cord stimulator. Objective findings dated 7-9-15 were notable for right hand with slight decreased sensation, left hand with decreased sensation, touching increased burning sensation, tenderness to palpation over left ulnar groove. The original utilization review (8-14-15) partially approved 3 left ulnar nerve blocks under ultrasound to the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 left ulnar nerve blocks under ultrasound to the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CRPS Nerve blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Stellate ganglion block.

Decision rationale: According to MTUS guidelines, "Stellate ganglion block (SGB) (Cervico-thoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects". According to MTUS guidelines, lumbar sympathetic block Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement should be followed by intensive physical therapy. (Colorado, 2002) The records indicate that the patient is complaining of left right hand pain despite the use of SCS. He previously underwent several stellate ganglion block with significant pain reduction however without documentation of functional improvement. The patient may benefit from a left ulnar block however the request for 3 successive injections is not medically necessary without documentation of the efficacy of the first injections. Therefore, the request for 3 left ulnar nerve blocks under ultrasound to the right wrist is not medically necessary.