

Case Number:	CM15-0175017		
Date Assigned:	09/16/2015	Date of Injury:	09/04/2013
Decision Date:	10/16/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/04/2015

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 52 year old male, who sustained an industrial injury on September 4, 2013. Medical records indicate that the injured worker is undergoing treatment for a crush injury to the right hand, laceration of the right third and fourth digits, contusion of the right index finger and thumb and chronic reflex sympathetic dystrophy syndrome of the right hand. The injured worker is currently temporarily totally disabled. Current documentation dated July 27, 2015 noted that the injured worker reported a painful right hand with associated burning at night. Examination revealed the right hand to be profoundly white and the injured worker shied away from any touch to the hand. The injured worker had loss of coloration in the nail beds. He noted that the hand will turn bright red and will constantly burn. The injured worker had no strength in the right hand and could not oppose his fingers to his thumb on the right hand. Treatment and evaluation to date has included medications, x-rays of the right hand, occupational therapy, Thraputty, physical therapy and right hand surgery. Current medications include Ibuprofen, Pioglitazone, Aspirin 81 mg, Atorvastatin, Lisinopril and Invokana. The treating physician's request for authorization dated August 13, 2015 included requests for six (6) right stellate ganglion blocks with anesthesia times two at an outpatient facility. The Utilization Review documentation dated August 20, 2015 non-certified the request for six (6) right stellate ganglion blocks with anesthesia times two at an outpatient facility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) right stellate ganglion blocks with two (2) anesthesia at an outpatient facility:

Upheld

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

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 September 2013 as the result of a right hand crush injury and is being treated for chronic right upper extremity pain. When seen, he was having ongoing extreme pain. He had burning sensations at night and hypersensitivity. He had noted color changes. He was having difficulty sleeping. Physical examination findings included appearing uncomfortable. He was noted to hold his hand under his shirt. There was discoloration and severe allodynia. There was right hand hair loss and decreased range of motion and strength. He was diagnosed with CRPS. A series of six stellate ganglion blocks is being requested. 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. In this case, the claimant has findings that fulfill the diagnostic criteria for CRPS, but has not undergone a positive diagnostic block. The requested series of therapeutic blocks cannot be considered medically necessary.