Case Number:	CM15-0176971		
Date Assigned:	09/17/2015	Date of Injury:	03/21/2014
Decision Date:	10/26/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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 35 year old male, who sustained an industrial injury on 3-21-2014. The medical records indicate that the injured worker is undergoing treatment for laceration of the left wrist and complex regional pain syndrome of the left wrist. According to the progress report dated 8-7-2015, the injured worker complains of aching, burning pain in the left wrist with loss of motion. He has difficulty dressing himself, taking a bath, opening doors, and sleeping. He notes deepened discoloration, temperature change, and sensitivity to touch along the wrist. He reports increased pain, swelling of the hand, and decreased range of motion. He reports depression and sleep disturbance due to pain. The pain is rated 8 out of 10 on a subjective pain scale. The physical examination of the left wrist reveals pain with finger flexion, minimal allodynia, and positive for hyperalgesia, darkened coloration, and mild swelling, warmth, and temperature changes. The current medications are Gabapentin and Norco. Treatment to date has included medication management and physical therapy (improvement). Work status is described as partially disabled. The original utilization review (8-20-2015) had non-certified a request for stellate ganglion block for the left wrist and psych consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion block for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS).

Decision rationale: The current request is for STELLATE GANGLION BLOCK FOR THE LEFT WRIST. The RFA is dated 07/28/15. Treatment to date has included left wrist surgery 04/07/14, chiropractic treatments, medications, and physical therapy. The patient is partially disabled and is currently not working. MTUS, page 39-40 states: "CRPS, sympathetic and epidural blocks, Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade." "Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; Poor coping skills; Litigation." Per report 08/07/15, the patient presents with left wrist pain, with numbness of the left wrist, hand and fingers. The physical examination of the left wrist revealed pain with flexion, minimal allodynia, and positive for hyperalgesia, darkened coloration, and mild swelling, warmth, and temperature changes. Under special signs it was noted that CRPS on the right and left are absent. The treater states the patient is presenting with no evidence of comprehensive chronic regional pain syndrome. He is presenting with mild version of a pain syndrome affecting the left upper extremity. A stellate ganglion block for the left wrist was recommended to treat the symptoms of his left worst and left forearm pain. MTUS supports such blocks for patient with CRPS. QME report from 08/07/15 clearly indicates that the patient does not have CRPS. Therefore, this request IS NOT medically necessary.

Psych consult: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Independent Medical Examinations and Consultations Chapter 7 page 127.

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), Chapter 7 page 127.

Decision rationale: The current request is for PSYCH CONSULT. The RFA is dated 07/28/15. Treatment to date has included left wrist surgery 04/07/14, chiropractic treatments, medications, and physical therapy. The patient is partially disabled and is currently not working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 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. ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per report 08/07/15, the patient presents with left wrist pain, with numbness of the left wrist, hand and fingers. The physical examination of the

left wrist revealed pain with flexion, minimal allodynia, and positive for hyperalgesia, darkened coloration, and mild swelling, warmth, and temperature changes. The patient also suffers from anxiety, sleep disturbances and depression. The ACOEM Guidelines support referrals for patients that require specialist consult 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. Given the patient's chronic pain, depression, sleep issues and anxiety, the request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.