

Case Number:	CM15-0061293		
Date Assigned:	04/07/2015	Date of Injury:	09/04/2014
Decision Date:	05/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/31/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 30 year old male, who sustained an industrial injury on 9/04/2014. He reported a hard fall onto the right hand, subsequently diagnosed with a fracture of the right navicular bone. Diagnoses include status post ORIF right navicular bone in hand, right, right carpal tunnel syndrome, de Quervain's tenosynovitis, chronic pain right upper extremity, and chronic myofascial pain syndrome. Treatments to date include activity modification, medication therapy, and post-operative casting and brace. Currently, he complained of severe constant burning pain shooting in right forearm associated with right shoulder tingling numbness and paresthesia. There was persistent numbness and paresthesia at tip of fingers in the right hand. The cast was removed and there was a splint worn on the right hand. On 1/27/15, the physical examination documented inability of a right hand grip with excessive perspiration present on the right hand, diminished sensation and severely restricted range of motion. The plan of care included a right side stellate ganglion block and continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided stellate ganglion block: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block - page 108.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a stellate ganglion block. MTUS guidelines state the following: Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment. Detailed information about stellate ganglion blocks, thoracic sympathetic blocks, and lumbar sympathetic blocks is found in Regional sympathetic blocks. The clinical documents state that the patient has a diagnosis of CRPS. According to the clinical documentation provided and current MTUS guidelines; a stellate ganglion block is indicated as a medically necessary to the patient at this time.