

Case Number:	CM15-0072034		
Date Assigned:	04/22/2015	Date of Injury:	03/18/2013
Decision Date:	05/20/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/15/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 31 year old male who sustained an industrial injury on March 18, 2013. He reported an injury to his right arm, right elbow and right wrist. Prior treatment includes stellate ganglion block, steroid injection to the elbow, acupuncture therapy, physical therapy, heat therapy, TENS unit, medications, and right ulnar nerve revision anterior transposition. Currently the injured worker complains of increased hand pain. Diagnoses associated with the request include reflex sympathetic dystrophy of the upper limb, traction aphysitis of the medial epicondyle, and pain in joint. The treatment plan includes stellate ganglion block, medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Block (series, 1 week apart) Qty 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6, pg 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block Page(s): 103.

Decision rationale: Stellate Ganglion Block (series, 1 week apart) # 3 is not medically necessary. Page 103 of the chronic pain medical treatment guidelines states that stellate ganglion blocks are indicated for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities; specifically pain associated with complex regional pain syndrome, herpes zoster and postherpetic neuralgia as well as frostbite and circulatory insufficiency. There is lack of documentation of at least greater than 50% reduction in pain with the previous injection. Additionally, one injection should be performed followed by re-evaluation for beneficial response to that injection; therefore the requested procedure is not medically necessary.