

Case Number:	CM15-0073791		
Date Assigned:	04/23/2015	Date of Injury:	01/10/2010
Decision Date:	05/21/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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: North Carolina
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 45-year-old female, who sustained an industrial injury on 01/01/2010. She has reported injury to the left upper extremity and bilateral shoulders. The diagnoses have included reflex sympathetic dystrophy to the upper extremity on the left. Treatment to date has included medications, diagnostics, injections, acupuncture, physical therapy, and surgical intervention. Medications have included Gabapentin, Amitriptyline, Duloxetine, and Hydrocodone/Acetaminophen. A progress note from the treating physician, dated 03/19/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the left shoulder, left arm, left hand, and right shoulder. Objective findings have included tenderness to palpation of the left upper extremity; tenderness bilaterally at the subacromial region and anteriorly over the acromioclavicular joint; and hyperalgesia to touch in the left upper extremity, especially in the left second digit. The treatment plan has included the request for injection for nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection for nerve block: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35 - 36, 108.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines stellate ganglion block Page(s): 107-108.

Decision rationale: The California MTUS section on stellate ganglion injections states: 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 patient does have the diagnosis of CRPS and therefore the request is medically necessary.