

Case Number:	CM15-0075791		
Date Assigned:	04/27/2015	Date of Injury:	03/07/2013
Decision Date:	05/27/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old male who sustained an industrial injury on 3/7/2013. His diagnoses include post-traumatic crush injury to the left hand fingers with subsequent functional motion loss in multiple joints and digits, and considerable loss of grip strength; and arthralgia to the hand joint. His treatments have included pain management. Progress notes of 3/4/2015 noted complaints of persistent left upper extremity pain, status-post crush injury. The physician's requests for treatments were noted to include left stellate ganglion blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left stellate ganglion block x's 1 for 6 weeks, one week apart (total of 6 blocks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Based on Consensus Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Stellate ganglion block Page(s): 6; 108.

Decision rationale: The injured worker sustained a work related injury on 3/7/2013. The medical records provided indicate the diagnosis of post-traumatic crush injury to the left hand

fingers with subsequent functional motion loss in multiple joints and digits, and considerable loss of grip strength; and arthralgia to the hand joint. His treatments have included pain management. The medical records provided for review do not indicate a medical necessity for Left stellate ganglion block x's 1 for 6 weeks, one week apart. (Total of 6 blocks). The MTUS recommends the use of stellate ganglion block for Complex Regional pain Syndrome. However, the records indicate the injured worker had been approved for a previous block, but there was no documentation of whether the injured worker has had the procedure, and if done, the outcome of the procedure. The MTUS recommends future diagnostics testing and treatment be done in the context of the information from previous records. Therefore the request is not medically necessary.