

Case Number:	CM15-0076521		
Date Assigned:	04/28/2015	Date of Injury:	06/13/2003
Decision Date:	05/29/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/21/2015

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 44 year old female who sustained an industrial injury on June 13, 2013. She has reported injury to the left shoulder and arm and has been diagnosed with chronic regional pain syndrome, obesity, and mood disorder other. Treatment has included injections, medications, and a functional restoration program. Currently the injured worker complained of left shoulder and arm pain. The treatment request included a right stellate ganglion block with IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic lidocaine infusion study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathectomy Page(s): 39. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) CRPS, sympathetic blocks (therapeutic).

Decision rationale: The injured worker sustained a work related injury on June 13, 2013. The medical records provided indicate the diagnosis of chronic regional pain syndrome, obesity, and mood disorder other injections, medications, and a functional restoration program. The medical records provided for review do not indicate a medical necessity for Diagnostic lidocaine infusion study. The MTUS does not recommend the use of sympathetic blocks due to lack of benefit and high risk associated with most cases; nevertheless, the MTUS notes that there is 90 to 100 percent relief if it correctly done as the local anesthetic Stellate Ganglion Block or Lumbar Sympathetic block. The MTUS recommends against carrying out the procedure if the proximal extremity is involved. In this case the part of the body involved is the shoulder. Also, the Official Disability Guidelines recommends against intravenous regional anesthesia blocks.