

Case Number:	CM15-0078323		
Date Assigned:	04/29/2015	Date of Injury:	02/06/1981
Decision Date:	05/26/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old female, who sustained an industrial injury on 2/06/1981. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include Reflex Sympathetic Dystrophy (RSD) of left upper extremity and bilateral lower extremities, status post multiple surgeries, status post spinal cord stimulator implant and multiple left upper extremity nerve injuries. Treatments to date include medication therapy, therapeutic injections, and insertion of a spinal cord stimulator. Currently, she reported that the previous cervical stellate blocks administered provided approximately two weeks of relief from pain. Pain was rated 8/10 VAS. On 4/13/15, the physical examination documented tolerance of palpation to left shoulder and thigh. The plan of care included bilateral cervical stellate blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral cervical stellate block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Block Section Page(s): 39-40.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic

block) Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) CRPS, sympathetic blocks (therapeutic).

Decision rationale: One (1) bilateral cervical stellate block is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The ODG states that there should be evidence that all other diagnoses have been ruled out before consideration of use. In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment. There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase. The MTUS states that there is limited evidence to support this procedure, with most studies reported being case studies. The documentation is not clear that prior blocks have caused increased in function or a reduction in medication. Furthermore, there is no documentation that this is being performed with a physical therapy or exercise program. Therefore the request for one (1) bilateral cervical stellate blocks not medically necessary.