

Case Number:	CM15-0090906		
Date Assigned:	05/15/2015	Date of Injury:	12/31/1996
Decision Date:	06/22/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 12/31/1996. Diagnoses include postsurgical left shoulder x4, postsurgical right hand x4, complex regional pain syndrome, muscle wasting left hand, reflex sympathetic dystrophy, right upper extremity tremor, thoracic syndrome, depression and sleep disorder. Treatment to date has cervical epidural steroid injection with suprascapular nerve block (3/20/2015) which provided 75% relief. Medications have included Tramadol, Norco, Pamelor, ibuprofen, and Butrans patches. Per the Pain Management Consultation Report dated 4/16/2015, the injured worker reported constant neck pain and tightness rated as 6-7/10 on a subjective pain scale. She reported frequent left shoulder pain rated as 2-3/10 at its lowest and 5-6/10 at its worst. She has daily tingling and burning sensation along with pulling and weakness in both arm and forearms. She also has right hand and wrist weakness rated as 5 at its highest and 2-3 at its lowest. Physical examination revealed neck pain during extension, left lateral bending and right rotation. There was pain upon palpation of the right wrist and palpation of the anterior aspect of the right shoulder produced slight pain. There were decreased thoracic and cervical ranges of motion. The plan of care included diagnostics and medications. Authorization was requested for 3 diagnostic stellate ganglion blocks right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) diagnostic stellate ganglion blocks, right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Stellate ganglion block (SGB) (Cervicothoracic sympathetic block).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks, Stellate ganglion block Page(s): 39-40,103-014.

Decision rationale: The patient was injured on 12/31/96 and presents with pain in her neck, bilateral shoulders, and upper extremities. The request is for THREE DIAGNOSTIC STELLATE GANGLION BLOCKS, RIGHT UPPER EXTREMITY. The RFA is dated 03/02/15 and the patient is not working, as of the 10/21/14 report. The report with the request is not provided. MTUS, page 39-40 states: "CRPS, sympathetic and epidural blocks. Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade." "Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; Poor coping skills; Litigation." MTUS p103-104 also states: "Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies." The reason for the request is not provided. The patient is diagnosed with postsurgical left shoulder x4, postsurgical right hand x4, complex regional pain syndrome, muscle wasting left hand, reflex sympathetic dystrophy, right upper extremity tremor, thoracic syndrome, depression, and sleep disorder. Treatment to date has cervical epidural steroid injection with suprascapular nerve block (3/20/2015) which provided 75% relief. In this case, the patient is diagnosed with CRPS. Although MTUS states stellate ganglion blocks are indicated for diagnosis and therapy for CRPS, there is no indication that MTUS guidelines support a "series of three" diagnostic stellate ganglion blocks. Due to lack of support from guidelines, the requested three diagnostic stellate ganglion blocks for the right upper extremity IS NOT medically necessary.