

Case Number:	CM15-0093456		
Date Assigned:	05/19/2015	Date of Injury:	06/11/2013
Decision Date:	06/19/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/14/2015

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 59 year old male, who sustained an industrial injury on 6/11/2013. The current diagnoses are reflex sympathetic dystrophy of the upper extremity, cubital tunnel syndrome; status post left cubital tunnel release (1/17/2014), algodystrophy of the hand, and depressive disorder. According to the progress report dated 4/3/2015, the injured worker complains of excruciating burning pain through his left arm and hand. The level of pain is not rated. He reports a significant decline in his condition. He complains of allodynia. He describes himself as "I am a mess." The physical examination reveals sensory deficits in the left upper extremity as well as significant weakness. He has allodynia around the left elbow with a positive Tinel's sign. The current medications are Benazepril, Cymbalta, Gabapentin, Medrol pak, Ultracin, and Wellbutrin. Treatment to date has included medication management, x-rays, physical therapy, electrodiagnostic testing, and surgical intervention. The plan of care includes left stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left stellate ganglion block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (Stellate ganglion block, thoracic sympathetic block & lumbar sympathetic block), Complex regional pain syndrome (CRPS) Page(s): 36.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) and CRPS, sympathetic and epidural blocks Page(s): 103 and 39.

Decision rationale: Left stellate ganglion block is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that guidelines state that there are no objective gold-standard diagnostic criteria for CRPS I or II. There was a substantial lack of agreement between different diagnostic sets. The Washington State Department of Labor and Industries include the presence of four of the following physical findings: (1) Vasomotor changes: temperature/color change; (2) Edema; (3) Trophic changes: skin, hair, and/or nail growth abnormalities; (4) Impaired motor function (tremor, abnormal limb positioning and/or diffuse weakness that can't be explained by neuralgic loss or musculoskeletal dysfunction); (5) Hyperpathia/allodynia; or (6) Sudomotor changes: sweating. The MTUS states that predictors of poor response to a stellate ganglion block are long duration of symptoms prior to intervention; elevated anxiety levels; and poor coping skills; litigation. The documentation indicates that the patient reports depression, sleep disturbances, restless sleep and anxiety. He is emotionally labile and tearful per a progress report dated 11/4/14. The recent report indicates that the patient describes himself as "a mess." The documentation does not indicate that the patient meets all the criteria for CRPS. Furthermore, the documentation indicates that the patient has elevated anxiety and poor coping skills, which are signs of predictors of poor response to a stellate ganglion block. The request is therefore not medically necessary.