

Case Number:	CM15-0098351		
Date Assigned:	05/29/2015	Date of Injury:	03/15/2011
Decision Date:	06/29/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/21/2015

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: California

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 39-year-old female with an industrial injury dated 3/15/2011. The injured worker's diagnoses include status post ulnar nerve decompression of right elbow and right carpal tunnel release and complex regional pain syndrome (CRPS), type 1. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/14/2015, the injured worker reported increasing pain on the right shoulder, lateral neck and chronic pain throughout her right upper extremity and right lateral torso into her right axilla. Objective findings revealed pain with right shoulder abduction and mild tenderness of the right trapezial muscle with spasm. The treating physician prescribed services for a series of up to six right stellate ganglion blocks and physical therapy/occupational therapy for right upper extremity now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of up to 6 Right Stellate Ganglion Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block Page(s): 108. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Pain, CRPS, sympathetic blocks (therapeutic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, epidural and sympathetic blocks Page(s): 39. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - CRPS Sympathetic injections.

Decision rationale: Both MTUS and ODG Guidelines are consistent with the recommendation that a diagnostic sympathetic block be completed and result temporary improvement before a series of 3-6 blocks is attempted to improve rehabilitation chances. The requesting physician has not met this standard in the request for a series of 6 injections without an initial diagnostic injection. There are no unusual circumstances that support an exception to the Guidelines. The request for 6 sympathetic blocks is not supported by Guidelines and is not medically necessary.

Physical Therapy/Occupational Therapy x 2 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS treatment Page(s): 38-40.

Decision rationale: MTUS Guidelines support physical therapy after successful sympathetic injections as the purpose of the injections is to allow increased movement and function. However, without the injections being authorized now, the physical therapy request is not consistent with Guidelines. The physician can make a request consistent for an injection consistent with Guidelines and follow up physical therapy would be appropriate. Now, the request for physical therapy/occupational therapy is not medically necessary.