

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 10/18/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

12/30/2009

7/22/2013

CM13-0002425

- 1) MAXIMUS Federal Services, Inc. has determined the request for right stellate ganglion block **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for right stellate ganglion block **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

The utilization review determination did not contain a clinical summary.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 07/22/2013)
- Utilization Review Determination from [REDACTED] (dated 07/10/2013)
- Employee medical records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for right stellate ganglion block:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Chapter, CRPS Diagnostic Criteria, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cite the Chronic Pain Medical Treatment Guidelines (1002) Complex Regional Pain Syndrome (CRPS) Diagnostic Criteria, which is part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on Chronic Pain Guidelines, pgs.103, 108, 35-41 which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 12/30/2009 and has experienced of low back pain that radiates to bilateral lower extremities. Diagnoses include lumbar radiculopathy, complex regional pain syndrome (CRPS) in the right upper extremity, depression, anxiety, chronic pain trauma, chronic pain, gastritis, erectile dysfunction, right hand trauma post amputation of multiple digits, and right hand neuropathic pain. Treatments have included medications. The request for right stellate ganglion block was submitted.

The California MTUS Chronic Pain Medical Treatment Guidelines, pg.108 indicates that this procedure is generally limited to diagnosis and therapy for the CRPS. This type of block can be recommended for a limited role, primarily for a diagnosis of symptomatic mediated pain as an adjunct to facilitate physical therapy. The MTUS Chronic Pain Guidelines indicate that there is limited evidence to support this procedure. The most recent clinical note does not specifically confirm that this claimant has CRPS to the hand. The MTUS Chronic Pain Guidelines further indicate for a diagnosis of CRPS there should be a variety of painful conditions following an injury which appear regionally, having a predominance of abnormal findings exceeding in both magnitude and duration for the expected clinical course of the inciting event and often resulting in significant impairment of motor function and showing variable progression over time. There was lack or absence of documented findings consistent with IASP and criteria for CRPS. The MTUS Chronic Pain Guidelines do not endorse this procedure, as there are limited studies supporting the efficacy of the procedure. The request for right stellate ganglion block **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/skf

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.