

Case Number:	CM14-0140718		
Date Assigned:	09/10/2014	Date of Injury:	08/13/2004
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65-year-old female who reported an injury on 08/13/2004. The mechanism of injury was not submitted for review. The injured worker had a diagnosis of complex regional pain syndrome. Past medical treatment consisted of spinal cord stimulator, physical therapy, massage therapy, and medication therapy. Medications included fluoxetine, Celebrex, gabapentin, Cymbalta, tizanidine, baclofen, lovastatin, glyburide, metformin, carvedilol, Januvia, alendronate, spironolactone, Flector patches, and Lidoderm patches, and Remeron. On 08/12/2014, the injured worker was noted to have decreased pain that was rated at a 2/10 to 3/10 having her complex regional pain syndrome under control. It was noticed in the physical examination of the left upper extremity that the injured worker demonstrated the left hand was slightly cooler in temperature in comparison to the right, as well as ever so slight increase in hyperhidrosis throughout the left palmar aspect. The range of motion was full and within normal limits. There was no allodynia throughout the left upper extremity. The treatment plan was for the injured worker to undergo a 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Complex Regional Paib Syndrome

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

Decision rationale: The request for a left stellate ganglion block is not medically necessary. The California MTUS Guidelines state that recommendations for stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. The guidelines state that there is limited evidence to support this procedure, with most studies reported being case studies. This style of block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremity. As documented in the progress note dated 08/12/2014, the injured worker's pain level had decreased to a 2/10 to 3/10. It was also noted that the injured worker had full range of motion. There were no limiting physical examination findings that would support a stellate ganglion block that would assist the injured worker already with a spinal cord stimulator implant. Furthermore, the rationale was not provided to warrant the need for a left stellate ganglion block. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.