

<b>Case Number:</b>	CM13-0000641		
<b>Date Assigned:</b>	10/03/2013	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	05/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 46-year-old female who reported an injury on 01/22/2013. Review of the medical record reveals that the patient's diagnosis is chronic regional pain syndrome. The most recent clinical note dated 09/25/2013 revealed that the patient complained of right shoulder pain. It is stated that the patient has improved with the movement of her right shoulder since her previous medical visit. She had better passive range of motion and increased active range of motion. Objective findings upon examination revealed that the patient had full painless range of motion to her cervical spine. Cervical range of motion revealed flexion at 150 degrees to the right arm, abduction 120 degrees, external rotation at 30 degrees. There was noted tenderness, or pain with palpation to the AC joint. The patient's muscle strength was measured at 5/5, with mild pain to the right shoulder, and 5/5 with no pain to the left. Special testing revealed a positive Hawkins, Neer, Speed's, O'Brien's, SLAP, and crossover. Review of an x-ray of the right shoulder, four (4) views, revealed that the patient had some mild degeneration of the (acromioclavicular) AC joint, but no significant elevation of the distal clavicle. An MRI of the right shoulder done on 04/30/2013 revealed mild to moderate acromioclavicular joint arthropathy without significant narrowing of the supraspinatus outlet. It is noted that the patient underwent a right carpal tunnel release on 02/19/2013. It is also documented in the clinical record that the patient has received previous four (4) right stellate ganglion blocks on 06/10/2013, 07/29/2013, 08/05/2013, and 08/12/2013. Although the patient has received previous stellate ganglion blocks times four (4), she continues to complain about the same intensity of pain, and no change in distribution of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stellate ganglion block times three (3), for complex regional pain syndrome of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103.

**Decision rationale:** The Chronic Pain Guidelines indicate that stellate ganglion blocks are recommended generally for the diagnosis and therapy for complex regional pain syndrome (CRPS). It is also states that there is limited evidence to support this procedure, with most studies reported being case studies. The patient has previously received four (4) stellate ganglion blocks, with some mild improvement noted. However, the patient continues to have complaints with the same severity rated at 7/10 to 8/10, and the same distribution of pain. Therefore, the medical necessity for an additional stellate ganglion block times three (3) cannot be determined as medically necessary at this time, and the request for stellate ganglion block times three (3) for CRPS to the right upper extremity is non-certified.