

<b>Case Number:</b>	CM13-0016487		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	07/17/2002
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 and is licensed to practice in Nevada. 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:

Let the records reflect this 61-year-old female who sustained an injury on 7/17/2002. Mechanism of injury is listed as cumulative motion/trauma exposures as a nurse. There is an ongoing complaint of chronic right upper extremity pain due to complex regional pain syndrome status post right carpal tunnel and cubital tunnel release. The most recent office visits, dated 2/13/2014 and 3/28/2014, document constant right-sided pain located in the neck, shoulder, arm and face described as burning, throbbing, electric, stinging, aching, shooting which is worsened with cold weather, overuse of the extremity and stress associated with a tremor in the right upper extremity. Physical examination demonstrates tenderness and hypersensitivity with palpation to the posterior cervical spine over the spinous processes with trapezius muscle spasms, decreased range of motion of the cervical spine due to pain, increased hypersensitivity to the right shoulder, with decreased range of motion due to pain, grip strength 4-/5 on the right 5-/5 on the left, hypersensitivity noted with palpation of the right hand thenar region. No diagnostic imaging reports available. Diagnoses: Complex regional pain syndrome, RSD, depression, occipital neuralgia, migraine headaches and a history of anxiety disorder with panic attacks. Previous treatment has included occipital nerve blocks; trigger point injections, Botox injections, a functional restoration program, psychiatric evaluation, treatment and counseling and medications to include Neurontin, Restoril, BuSpar, Savella, Butrans patch and Soma. The request has been made for one right stellate ganglion block. A nonmedical necessity, dated 7/22/2013, appears to be based on limited clinical information leading up to 7/10/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT STELLATE GANGLION BLOCK TIMES ONE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional pain syndrome Page(s): 39.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (EFFECTIVE JULY 18, 2009).

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines support stellate ganglion blocks for diagnostic and therapeutic purposes in a clinical setting of sympathetic pain involving the face, head, neck, and upper extremities. Given the claimant's continuation of signs and symptoms, their failure to improve with conservative treatment to include injections, a functional restoration program and mental health consultation & treatment, the request for a right-sided stellate ganglion block would be diagnostic as well as possibly therapeutic. As such, the request is considered medically necessary at this time.