

<b>Case Number:</b>	CM13-0017678		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/21/2008
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 50 year old male who reported an injury on 04/21/2008. The mechanism of injury was a fall. The patient diagnosis included recurrent and chronic right wrist pain, right wrist and upper extremity pain neuropathic, right wrist internal derangement, and status post right wrist surgery. The most recent pain management regimen was Dilaudid 4mg, and Gralise 600mg, frequency of these meds not provided in the medical record. The patient has undergone trigger finger release, carpal tunnel release, and removal of retained plate and screws, right distal radius with decompression, right carpal tunnel. The patient has received an L4-5, L5-S1 transforaminal epidural steroid injection. Supplemental review of the medical record dated 10/02/2013 reveals the patient does not have diagnosis of Complex regional pain syndrome. It is noted that the patient has a chronic wrist internal derangement pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right stellate ganglion block fluoroscopically guided:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Regional sympathetic blocks (stellage ganglion block, thoracic sympathetic block, & lumbar sympathetic block).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-014.

**Decision rationale:** California MTUS states there is limited evidence to support this procedure, with most studies reported being case studies. Recommendations are generally limited to diagnosis and therapy for CRPS. With the information submitted in the medical record, it seems the use of a right stellate ganglion block fluoroscopically guided is not medically necessary, as California MTUS clearly states the requested service is limited to use therapy for CRPS and the patient does not have this diagnoses according a certified neurologist assessment. As such the request for right stellate ganglion block fluoroscopically guided is non-certified.