

<b>Case Number:</b>	CM13-0021691		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 has a subspecialty in Pain Management and is licensed to practice in Georgia. 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.

### 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 claimant is a 53-year-old female presenting with right hand sensitivity following a work-related injury on 4/1/2011. The claimant complains of headache, neck pain, right hand pain and low back pain. The claimant reported right hand pain following her trigger finger release and excision of Dupuytren's fasciitis. The provider diagnosed the claimant with possible complex regional pain syndrome of the right upper extremity. The claimant's medications included gabapentin 600 mg twice a day, omeprazole, Tylenol, and tramadol. The enrollee also tried 12 sessions of occupational therapy for her hand from July 30, 2013 to September 30, 2013. The claimant reported that physical therapy helps sometimes and other times it increases her pain. The physical exam was significant for tenderness to palpation in the cervical spine, right shoulder, positive Neer sign, painful range of motion of the neck, low back, and right shoulder; diminished sensation at the left foot, absent reflexes at the ankle, hypersensitivity around the A1 pulley of the right third finger, flexion within 1.5 cm of the distal crease and pain out of proportion to the pathology. MRI of the right hand was significant for radial ulnar joint swelling. The lumbar MRI was normal. The claimant was diagnosed with complex regional pain syndrome of the right upper extremity, cervical radiculopathy, lumbar radiculopathy, lumbar facet dysfunction, SI joint dysfunction, anxiety, depression, and myalgias.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 2x6 Session of Physical Therapy for the hand:** 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), Forearm, Wrist, Hand Chapter; Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** The 12 2x6 sessions of physical therapy for the right hand pain is not medically necessary. Page 99 of the California Chronic Pain Medical Treatment Guidelines states that "patient specific hand therapy is very important in reducing swelling, pain and improving range of motion in complex regional pain syndrome". Additionally 24 visits over 16 weeks was recommended for therapy for complex regional pain syndrome; however during that time an allowance for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine was also recommended. The claimant reported that physical therapy was sometimes helpful and sometimes increased her pain. Additionally, there is no documentation that the enrollee allowed for fading of treatment frequency plus active self-directed home physical medicine. Additional sessions of physical therapy is therefore non-certifiable due to lack of positive response, lack of documentation of self-directed home physical therapy and fading of treatment frequency as recommended by the CA MTUS physical medicine guidelines.

**Right Stellate ganglion block injection for pain in the right arm and hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous (IV), regional sympathetic blocks (for RSD/CRPS, nerve blocks) Page(s): 103-104.

**Decision rationale:** Right stellate ganglion block injection for pain in the right arm and hand is not medically necessary. Page 103 of the chronic pain medical treatment guidelines states that stellate ganglion blocks are indicated for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities; specifically pain associated with complex regional pain syndrome, herpes zoster and postherpetic neuralgia as well as frostbite and circulatory insufficiency. The enrollee's chronic pain condition is not indicative of any of the listed diagnoses for stellate ganglion block. The claimant was diagnosed with complex regional pain syndrome however there were no diagnostics or physical exam findings corroborating a sympathetically mediated pain; for example a positive triple bone scan in combination with characteristic, non-dermatomal parathesia, edema, discoloration, temperature change or any other findings associated with complex regional pain syndrome. Given the lack of clinical findings to correctly diagnose the claimant with complex regional pain syndrome or any of the other qualifying diagnoses per CA MTUS guidelines, a right stellate ganglion block is not medically necessary.