

<b>Case Number:</b>	CM13-0023803		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	10/04/2011
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Sports Medicine and is licensed to practice in New York and Texas. 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 patient is a 32-year-old female who reported an injury on 10/04/2011 due to repetitive use while performing normal job duties. The patient underwent right ulnar transposition and subsequently developed complex regional pain syndrome. The patient underwent conservative treatment to include physical therapy and acupuncture. The patient underwent an MRI of the right wrist and elbow that revealed ulnar neuritis in the cubital tunnel. The patient underwent an electrodiagnostic study with normal findings. The patient's most recent physical examination included allodynia to cold, touch and hyperesthesia around the right elbow, radiating to the forearm; a slightly swollen right hand, and color changes. The patient's diagnoses included complex regional pain syndrome of the right upper extremity, secondary myofascial syndrome secondary to chronic regional pain syndrome. The patient's treatment plan included a stellate ganglion block in combination with physical therapy and initiation of gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right stellate ganglion block to upper extremity w/fluoroscopy and sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Worker's Compensation, Online Edition, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block (SGB) (Cervicothoracic sympathetic block) Page(s): 103.

**Decision rationale:** The requested right stellate ganglion block to the upper extremity with fluoroscopy and sedation is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has a diagnosis consistent with complex regional pain syndrome and has failed to respond to multiple conservative treatments. California Medical Treatment Utilization Schedule does recommend stellate ganglion blocks in combination with physical therapy as an appropriate measure of treatment for complex regional pain syndromes that have not responded to conservative treatments. However, the request includes the need for sedation. Although a stellate ganglion block maybe indicated, the request includes sedation. The clinical documentation submitted for review does not provide any evidence that the patient has any anxiety or phobia of needles that would require the need for sedation. Therefore, the request as it is written is not medically appropriate. As such, the requested right stellate ganglion block to the upper extremity with fluoroscopy and sedation are not medically necessary or appropriate.