

<b>Case Number:</b>	CM13-0045697		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 01/21/2013. The mechanism of injury was repetitive trauma related to the performance of job duties. Her treatment to date is unclear; however, she is noted to have received a carpal tunnel release surgery on an unknown date. Despite the surgery, the patient continued to have increasing pain to the right hand and arm, and was later diagnosed with CRPS type 1. Conservative treatments such as physical therapy, medications, and mobility exercises, have failed to improve the patient's symptoms. She most recently presented to the clinic with her fingers fixed in flexion, unable to move or oppose her thumb to any finger. The patient has a history of receiving prior stellate ganglion blocks, the last 1 performed in 08/2013. The patient is becoming increasingly depressed regarding her current medical situation and loss of function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stellate ganglion block x 3:** 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 Section Page(s): 103-104.

**Decision rationale:** The California MTUS/ACOEM Guidelines state that regional sympathetic blocks, to include stellate ganglion blocks, are generally limited to therapy for CRPS. For a block to be successful, documentation should include temperature differences, documentation of sensory and motor changes, any changes in sweating or perspiration, and monitoring of the sympathogalvanic response. The clinical note submitted for review at or around the time of the patient's last known stellate ganglion block, indicated a decrease in pain, increase in range of motion of the fingers, decreased edema, improved but unspecified, skin changes, and subjective report of improvement. Unfortunately, because the skin improvements were not specifically identified, to include improvement in temperature, decrease in allodynia, decrease in shininess, the true effect of the blocks cannot be determined. The Guidelines recommend that the skin temperature measurements be obtained after the block, as this is the strongest determiner of successful therapy. Although the patient was noted to have some minor gains, the improvements were not significant; her range of motion increased from 0 to 15 degrees at fingers only, and her pain decreased from a 10/10 to an 8/10. Furthermore, the clinical note dated 10/29/2013 reported that the patient had a severe increase in symptoms just 2 weeks after the 08/30 clinical note detailed her improvements. Furthermore, there was no indication that adjunctive physical therapy was to be performed along with the requested ganglion blocks. As such, the request for Stellate Ganglion Blocks x 3 is non-certified.