

Case Number:	CM13-0047473		
Date Assigned:	12/27/2013	Date of Injury:	09/21/2011
Decision Date:	08/29/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/01/2013

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and North Carolina. 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:

The patient is a 31 year old male with a reported date of injury on 9/21/11 who requested authorization for a triple phase bone scan and left stellate ganglion block under fluoroscopy due to Complex Regional Pain Syndrome (CRPS) related to chronic left wrist pain. Documentation from 5/24/13 notes previous stellate ganglion block from 4/22/13 did not give any significant improvement. Diagnoses are noted: left wrist strain/sprain, pain disorder, rule out psychological disorder, and symptom magnification. The physician states from a clinical standpoint, on physical examination, (the patient) does not demonstrate the necessary clinical findings to make a diagnosis of Reflex Sympathetic Dystrophy (RSD) or CRPS. Examination does not show any signs of swelling. This is consistent with the hand surgeon's findings. Documentation from pain management on 6/19/13 notes a diagnosis of left upper extremity CRPS. He had undergone left wrist imaging studies and electro diagnostic studies did not show any specific bone or nervous abnormalities but, he continues to complain of constant left wrist pain with intermittent swelling. He had undergone a stellate ganglion block with 75% improvement in his symptoms that lasted for a week, which his pain returned severely. He has done PT (Physical Therapy) without benefit. Gabapentin 300 mg tid (three times a day) helps. NSAIDs were not helpful. Norco and Soma helped. Recommendation was made for continued pharmacologic treatment of his pain, re-initiation of physical therapy and another stellate ganglion block. Documentation from pain management on 8/13/13 notes the patient had undergone an additional stellate ganglion block with a similar pattern of relief. Pain returned severely. He did not report any side effects. He was able to do more with his hand during his improvement. Additional stellate block was not recommended. Considering the presence of significant benefit that does not last long enough and based on current literature and effectiveness of spinal cord stimulator in maintaining pain relief in patient with complex regional pain syndrome the provider educated the patient on spinal

cord stimulator trial and requested authorization for this. Documentation from 9/13/13 from pain management notes the positive response from previous stellate ganglion block and is requesting an additional one to further prolong its effect. Documentation from 10/1/13 notes the patient underwent Extracorporeal Shockwave Treatment. Indication was for low back pain. Utilization review dated 10/17/13 certified the bone scan, but did not certify the stellate ganglion block. The reasoning given was that the claimant is currently pending bone scan to rule out CRPS. The claimant has previously undergone two stellate ganglion blocks with only short-term benefit; therefore, the request for the Left Stellate Ganglion Block under Fluoroscopy is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Stellate Ganglion Block Under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines REGIONAL SYMPATHETIC BLOCKS Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 39; 103.

Decision rationale: From page 39, Chronic Pain Medical Treatment Guidelines, recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Detailed information about stellate ganglion blocks, thoracic sympathetic blocks, and lumbar sympathetic blocks is found in Regional sympathetic blocks. Recommendations for the use of sympathetic blocks are listed below. They are recommended for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. It should be noted that sympathetic blocks are not specific for CRPS. From page 103, stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. Given that the diagnosis is in question from the treating surgeon's analysis and stated hand surgeon's analysis and given the fact that a triple phase bone scan was pending (as stated in the utilization review) to help clarify the diagnosis, an additional stellate ganglion block is not medically necessary at this time. In addition, the pain management physician had not addressed his previous recommendation for a spinal cord stimulator trial, given the short duration of improvement from the previous stellate ganglion blocks. Finally, stellate ganglion blocks are recommended as a possible adjunct to physical therapy. Based on the medical records provided for this review, physical therapy had not been restarted. Thus, an additional stellate ganglion block is not medically necessary at this time.