

<b>Case Number:</b>	CM13-0050737		
<b>Date Assigned:</b>	02/25/2014	<b>Date of Injury:</b>	08/12/2010
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 45 year old female who was injured on 08/12/2010. The patient indicated that bed rails were down, and the bed itself was raised in order to gain easy access to the patient necessary to perform CPR. In this instance, a side rail which had been taken down, apparently bounced on a spring and in its rise struck the patient across her left chest. She immediately felt dazed and had pain. The pain management consultation from [REDACTED] dated 08/02/2013 documented the patient was initially treated with a sympathetic stellate ganglion block on the left side in 2010. For 2 years she has been suffering from pain daily and was given no treatment. Her pain is in the sternum left costosternal joints on left side and radiates to left anterior chest wall and left arm. She has hypersensitivity and increased sensitivity to temperature changes. She gets blotchiness and redness on left side of the chest wall. She also gets tingling and burning sensation on the left side. Two years ago her pain went down by 80% with left stellate ganglion block. Over the past two years her pain area is spreading out and getting constant and very sensitive to touch. Psychiatry note from [REDACTED] dated 10/08/2013 opined a mood disorder affecting the general physical conditions. She has failure of stellate ganglion block x2 and failed Botox injections to the axilla. He noted the patient should have individual psychotherapy. Noted is some alcohol dependency that could be treated on an outpatient basis and that the amount of alcohol is unlikely to cause alcohol withdrawal. The intermediate consult-PTP- Request for Consideration note dated 12/17/2013 documented the patient to have complaints of pain focused around the left chest and radiates in the left upper extremity. She has been using at time up to 8 Tramadol a day. Notwithstanding this, she is taking Lyrica 150 mg twice a day. She was switched to Ambien and in addition given Klonopin to assist her nighttime and also for her activities. Objective findings on exam noted she continues to have sweatiness in the left hand. There was hyperhidrosis of the left hand compared to the right. There was erythema of the left

hand compared to the right. Her reflexes are 1 and symmetrical. Pressure over the left chest area increases her pain. Overall Assessment: Patient should return to [REDACTED] for further ganglion blocks ASAP. There may be a need further to do a thoracic MRI as well as intercostals nerve block.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **A SYMPATHETIC CERVICAL EPIDURAL STEROID INJECTION TO BLOCK SYMPATHETIC FIBERS FROM T1-T5 AND CATHETER TIP AT C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39-41, 103-104.

**Decision rationale:** The CA MTUS, Chronic Pain Guidelines recommends sympathetic cervical ESI to block sympathetic fibers for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Predictors of poor response to the treatment include: Long duration of symptoms prior to intervention; Elevated anxiety levels; Poor coping skills; and Litigation. With regards to Thoracic Sympathetic Block, the guides state it is not recommended due to a lack of literature to support effectiveness. Utilized for sympathetic blocks of the upper extremity in the 20% of individuals with innervation of the upper extremity by Kuntz's nerves (nerves from the 2nd and 3rd thoracic sympathetic ganglia bypass the stellate ganglion and directly join the brachial plexus). The medical records document the patient was given a diagnosis of CRPS during a panel QME in February 2013 (earliest note) and has been suffering with depression, anxiety, sleep disturbance and the use of alcohol as a result of the pain. Based on the predictors of poor response to treatment outlined in the sympathetic cervical ESI blocks and lack of adjunct physical therapy, the request is not medically necessary.