

<b>Case Number:</b>	CM13-0062474		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 and is licensed to practice in Illinois. 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 62-year-old female who reported an injury on 05/12/2003. The mechanism of injury is not provided in the medical records. She was diagnosed with complex regional pain syndrome. The patient's symptoms were noted to include pain running up her arms across her shoulders into the back of her head. It was noted that she had been treated with physical therapy, trigger point injections, and acupuncture. Her physical examination findings revealed limited range of motion in her bilateral upper extremities, decreased grip strength, decreased motor strength in the biceps and triceps, and normal range of motion in the rest. It was noted that the patient had classical complex regional pain syndrome by history and would be treated with sympathetic blocks, including a stellate ganglion block and an interscalene block, followed by physical therapy. The patient was noted to have had a right side stellate ganglion block on 12/04/2013. A 12/09/2013 note indicated that the patient began to have difficulty swallowing following her stellate ganglion block, as well as development of a Horner syndrome, allodynia in her right arm and neck, and swelling in her neck. She was treated with steroids. It was noted that the physician believed the patient had a reaction to the dye that was injected. He stated that he did not believe further sympathetic blocks would help her and he felt that she needed to be treated with different modalities

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SCELLARE GANGLION BLOCK QUANTITY 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40.

**Decision rationale:** According to the California MTUS Guidelines, sympathetic blocks are recommended primarily for the diagnosis of sympathetically mediated pain and as an adjunct to physical therapy. It further states that repeated blocks are only recommended if continued improvement is observed. As the patient was noted to have previously had a sympathetic block followed by a severe reaction, her treatment plan was noted to be changed and not to include further sympathetic blocks. As the clinical information submitted indicates that the patient should not have further sympathetic blocks due to her adverse reaction and non-benefit from the first, therefore the request is not medically necessary.

**INTERSCALENE BLOCK QUANTITY 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40.

**Decision rationale:** According to the California MTUS Guidelines, sympathetic blocks are recommended primarily for the diagnosis of sympathetically mediated pain and as an adjunct to physical therapy. It further states that repeated blocks are only recommended if continued improvement is observed. As the patient was noted to have previously had a sympathetic block followed by a severe reaction, her treatment plan was noted to be changed and not to include further sympathetic blocks. As the clinical information submitted indicates that the patient should not have further sympathetic blocks due to her adverse reaction and non-benefit from the first, therefore the request is not medically necessary.

**PHYSICAL THERAPY AFTER THE BLOCKS EACH TIME ESTIMATED AT 2 TIMES PER WEEK FOR 12 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested procedures were not supported by the documentation, the requested ancillary service is also not supported.