

<b>Case Number:</b>	CM14-0000876		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Alabama. 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 54 year old female who was injured on 4/10/13. The mechanism of injury was not provided for review. Prior treatment history has included physical therapy with no relief, a series of braces with no relief, and ice and warm water to alleviate pain. The patient underwent left shoulder arthroscopy surgery in 2006. EMG/NCS dated 7/18/13 revealed severe carpal tunnel syndrome, worse on the right side. Encounter notes dated 11/26/13 state that the patient complained of right and left hand numbness and pain with associated numbness and tingling in wrists and arms that is frequent. Objective findings on exam revealed the patient is alert and oriented, in minimal distress, and breathing comfortably during the exam. Range of motion examination of the neck shows that extension, lateral rotation, and flexion all mildly limited. Range of motion examination of the right shoulder shows full elevation, IR to TS, and ER of 80 degrees. Range of motion examination of the left shoulder shows 160 elevation. Range of motion at the right elbow is full extension and flexion to 145 without pain. Range of motion at the left elbow is full extension and flexion to 145 without pain. Range of motion of the right wrist is extension to 60 degrees, flexion to 70 degrees, pronation of 80 degrees, and supination of 80 degrees, with pain. Range of motion of the left wrist is extension to 50 degrees, flexion to 60 degrees, pronation of 60 degrees, and supination of 70 degrees, with pain. Right hand examination revealed that carpal tunnel Durkan's compression test is positive, Tinel's is positive, and Phalen's is positive. The left elbow reveals negative elbow flexion test, negative Tinel's at the cubital tunnel, and positive tenderness at the cubital tunnel. There is tenderness at the extensor origin and the flexor/pronator origin. The impression is of severe carpal tunnel syndrome. The patient has been recommended bilateral carpal tunnel release; first at the right wrist, followed by the left.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**A series of three stellate ganglion blocks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** As per CA MTUS guidelines, this block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. The above ODG guidelines state that recommendations for use of sympathetic blocks "There should be evidence that all other diagnoses have been ruled out. There should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. In the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks." Per ODG guidelines the Budapest "diagnostic criteria are the following: (1) Continuing pain, which is disproportionate to any inciting event; (2) Must report at least one symptom in three of the four following categories: (a) Sensory: Reports of hyperesthesia and/or allodynia; (b) Vasomotor: Reports of temperature asymmetry and/or skin color changes and/or skin color asymmetry; (c) Sudomotor/Edema: Reports of edema and/or sweating changes and/or sweating asymmetry; (d) Motor/Trophic: Reports of decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair, nail, skin); (3) Must display at least one sign at time of evaluation in two or more of the following categories: (a) Sensory: Evidence of hyperalgesia (to pinprick) and/or allodynia (to light touch and/or temperature sensation and/or deep somatic pressure and/or joint movement); (b) Vasomotor: Evidence of temperature asymmetry (>1C) and/or skin color changes and/or asymmetry; (c) Sudomotor/Edema: Evidence of edema and/or sweating changes and/or sweating asymmetry; (d) Motor/Trophic: Evidence of decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair, nail, skin); (4) There is no other diagnosis that better explains the signs and symptoms." In this case there is a diagnosis of carpal tunnel syndrome and "she has CRPS and severe carpal tunnel on the left. Her exam is quite definitive for this diagnosis" as per note on 11/26/13. The patient also fulfills Budapest criteria per note on 11/26/13 with the following documented history: symptoms since 2012 with profound symptoms; sensitivity to cold; weakness in the form of dropping things constantly; exam findings showing 1+ swelling, hyperemic skin with softening, exquisite tenderness, decreased motor strength. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.