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| <b>Case Number:</b>   | CM14-0001302 |                              |            |
| <b>Date Assigned:</b> | 01/22/2014   | <b>Date of Injury:</b>       | 07/20/2007 |
| <b>Decision Date:</b> | 06/24/2014   | <b>UR Denial Date:</b>       | 12/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/03/2014 |

### 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 Texas. 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 injured worker is a 51-year-old female who reported an injury on 07/20/2007. The mechanism of injury was the injured worker began experiencing weakness and pain in bilateral upper extremities while working heavy medical charts that were at least 3 inches thick. The injured worker underwent a bilateral stellate ganglion block on 07/30/2013, 08/06/2013 and on 08/13/2013. The documentation of 12/09/2013 revealed that the cervical sympathetic blocks in August of 2013 were not helpful. The injured worker's pain was 9/10 to 10/10 on date of office visit. The injured worker had swelling of the left hand and pain in the left hand and tenderness in the upper limbs and painful restricted range of motion. The diagnosis was reflex sympathetic dystrophy of the upper limb bilaterally. The request was made for medication refills and stellate ganglion blocks times 3 as well as vitamin B12 injection with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CYANOCOBALAMIN (VITAMIN B12) INJECTION, WITH INSULIN SIZE SYRINGES(25G X1): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence base: Cyanocobalamin injection and insulin syringe, Ccjm.org

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin B

**Decision rationale:** The Official Disability Guidelines indicate that vitamin B is not recommended as its efficacy is unclear. The clinical documentation submitted for review indicated that the injured worker had been utilizing the injections. There was a lack of documentation indicating the duration of use an objective functional benefit as well as pain relief from prior injections. Given the above, the request for cyanacobalamin (vitamin B12) injection with insulin size syringes 25 gauge times 1 is not medically necessary.

**BILATERAL STELLATE GANGLION BLOCK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block Page(s): 108.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend stellate ganglion blocks for the treatment of CRPS. Additionally, they indicate that there is limited evidence to support this procedure with most studies reported being case studies. The clinical documentation indicated the injured worker had utilized 3 prior injections. There was a lack of documentation of objective pain relief and objective improvement in function from the prior injections. The documentation indicated that the stellate ganglion blocks in August of 2013 were not helpful the request as submitted failed to indicate the quantity of stellate ganglion blocks being requested and the location for the block. Given the above, the request for bilateral stellate ganglion block is not medically necessary.