

<b>Case Number:</b>	CM14-0001369		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	12/30/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 44-year-old female who reported an injury on 05/15/2009. The mechanism of injury per the patient was repetitious tasks. The evaluation dated 10/17/2013 revealed the patient had hypertrophy and muscle bulges in the cervical spine involving the left upper back and cervical paraspinal muscles. The patient had tenderness of the left rhomboid and trapezius muscles and the left cervical paraspinal muscles. The patient reported muscle spasms into the left arm. There was noted to be mild hypersensitivity about the left shoulder, and the active range of motion of the left shoulder was affected as the patient was unable to abduct or extend more than 90 degrees. Palpation of the left pectoralis muscle revealed it was quite tender. Palpation of the left anterior shoulder caused shooting pains down the patient's arm to the forearm. There was noted to be decreased sensation in the left radial aspect of the forearm and hand. The diagnoses were noted to include status post left shoulder arthroscopic surgery, possible postsurgical complex regional pain syndrome mild, left upper extremity radicular pain and possible thoracic outlet syndrome/brachial neuritis. The discussion included the patient continued to have significant pain in the left upper back and neck region, with radiation down to the left upper extremity to the first 3 digits in a C-6 distribution. The patient was protective of the left shoulder. The patient indicated there was hypersensitivity of the left shoulder and arm, as the patient avoided the kids coming close to the shoulder. The patient indicated a cold breeze worsened the pain. There was hypersensitivity that became worse with light touch and cold breeze, such as an air conditioner. The patient indicated the arm tended to become cold. The patient was noted to have a suprascapular nerve block, which did not greatly help, and a cervical epidural steroid injection, which did greatly help with left upper extremity pain, but not much for the shoulder pain. The physician opined that since they had not done a diagnostic sympathetic block to see how much it may help the patient with the symptoms of the left shoulder, there was

a request for a diagnostic left T2 selective sympathetic ganglion block, as the patient had ongoing symptoms of neuropathic pain in the left shoulder.

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

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

**diagnostic left T2 selective sympathetic ganglion block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Thoracic Sympathetic Blocks, CRPS Page(s): 104, 35, 36.

**Decision rationale:** The California MTUS Guidelines do not recommend thoracic sympathetic blocks due to a lack of literature to support the effectiveness. One of the proposed indications are for the treatment of CRPS. California MTUS guidelines indicate that the diagnostic criteria for CRPS include "(1) The presence of an initiating noxious event or cause of immobilization that leads to development of the syndrome; (2) Continuing pain, allodynia, or hyperalgesia which is disproportionate to the inciting event and/or spontaneous pain in the absence of external stimuli; (3) Evidence at some time of edema, changes in skin blood flow, or abnormal sudomotor activity in the pain region; & (4) The diagnosis is excluded by the existence of conditions that would otherwise account for the degree of pain or dysfunction. Criteria 2-4 must be satisfied to make the diagnosis." There was a lack of documentation of exceptional factors to support the necessity for a selective sympathetic ganglion block. The patient failed to meet the criterion for the CRPS diagnosis as she failed to have evidence at some time of edema, changes in skin blood flow or abnormal sudomotor activity in the pain region. Given the above, the request for a diagnostic left T2 selective sympathetic ganglion block is not medically necessary.