

<b>Case Number:</b>	CM14-0003291		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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

### 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 was injured on May 1, 2010. The patient continued to experience pain in her right shoulder and neck. Physical examination was notable for symmetrical deep tendon reflexes bilaterally, cervical spinal muscle tenderness bilaterally, decreased right upper extremity strength, and normal sensory function. Diagnoses included neuropathy, unspecified myalgia and myositis, fibromyalgia, and other syndromes affecting cervical region. Prior treatment included Botox injections, medications, epidural steroid injections, physical therapy, and TENS unit. The patient had been weaned from opioid medications. Requests for authorization for stellate ganglion block and rheumatology consult were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**STELLATE GANGLION BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic/Complex Regional Pain Syndrome (CRPS), Sympathetic..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 103.

**Decision rationale:** Stellate ganglion block is a cervicothoracic sympathetic block. There is limited evidence to support this procedure. Indications include diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Sympathetic mediated

pain would be present in CRPS, post-herpetic neuralgia, frostbite, and conditions with circulatory insufficiency. In this case the patient is not suffering from any of these conditions. Medical necessity is not established. The request is not medically necessary.

**RHEUMATOLOGY CONSULT.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, Consultations, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: General principles of management of rheumatoid arthritis in adults; Treatment of fibromyalgia in patients not responsive to initial therapies.

**Decision rationale:** It is important to distinguish symptoms of fibromyalgia from other forms of chronic rheumatic diseases such as rheumatoid arthritis of systemis lupus erythematosus. Chronis rheumatoid diseases typically exhibit abnormalities in laboratory studies including C-reactive protein, antinuclear antibody, or ESR. In this case the patient was diagnosed with fibromyalgia. There is no documentation in the medical record that the patient had swollen or inflamed joints of that laboratory studies were abnormal, indicating inflammatory disease. There is no indication that the patient was suffering from a rheumatological disorder. Medical necessity is not established. The request is not medically necessary.