

<b>Case Number:</b>	CM14-0106385		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 57-year-old who has submitted a claim for lumbago, pain in joint of hand, pain in joint of lower leg; associated with an industrial injury date of June 28, 2012. Medical records from 2014 were reviewed and showed that patient complained of low back pain, left knee pain and right hand pain. Pain is rated at 3-5 out of 10. Patient notes ongoing right trigger finger with ongoing pain rated at 8-9 out of 10. Pain is described to be aching and sharp. Patient also noted right neck and trapezius pain. Patient also noted swelling of the left knee with sharp pain on ambulation. Physical examination of the lumbar spine revealed lumbar facet loading is positive on both sides. Straight leg raise test was negative. Examination of the right hand revealed sharp pain with reaching, elevation and extension. Examination of the left knee revealed tenderness to palpation noted over the lateral joint line. Treatment to date has included oral medications, right trigger finger release, injections to knee and physical therapy. Utilization review dated 06/23/2014 denied the request for right stellate ganglion block because there is no clinical indication of CRPS. Additional information is needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right stellate ganglion block 1x1:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), page 103-104

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, there is limited evidence to support stellate ganglion block (SGB), with most studies reported being case studies. This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Proposed indications for pain include: CRPS; herpes zoster and post-herpetic neuralgia; and frostbite. In this case, the patient complained of low back pain, left knee pain and right hand pain. However, there was no discussion of existing CRPS, herpes zoster, post-herpetic neuralgia, and frostbite to support stellate ganglion block. Furthermore, the guidelines state that there is limited evidence to support stellate ganglion block. Therefore, the request for Right stellate ganglion block 1x1 is not medically necessary.