

<b>Case Number:</b>	CM14-0014015		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	05/20/1995
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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, has a subspecialty in Preventive 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 52-year-old female with date of injury 05/20/1995. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 01/03/2014, lists subjective complaints as pain in the upper left shoulder, forearm, wrists and hands. Patient qualifies the pain as burning and pressure. The note states that she was being reevaluated for her left upper extremity complex regional pain syndrome. Objective findings: Examination of the upper left extremities revealed joint swelling and tenderness of the left shoulder, left elbow, and left wrist with associated muscle guarding and spasms. Diagnosis: shoulder/hand syndrome; anxiety state; reflex sympathetic dystrophy of lower extremity; and depressive disorder. The patient underwent a C6 stellate ganglion block on 10/08/2012, which she reported had decreased her pain on the left by greater than 50%. The pain was becoming increasingly more severe over the last several months, and the patient was seeking and other stellate ganglion block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 STELLATE GANGLION BLOCK OF THE LEFT UPPER EXTERMITY:** 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  
Sympathetic Block Page(s): 40-41.

**Decision rationale:** The medical record indicates that the patient had good results from the previous sympathetic block. The MTUS recommends sympathetic blocks for chronic regional pain syndrome and goes on to state that 3-6 blocks with concomitant physical therapy may be all the patient requires. Due to the success of the previous sympathetic block, the patient does meet the criteria of the MTUS for additional blocks. The stellate ganglion block of the left upper extremity is medically necessary.