

<b>Case Number:</b>	CM14-0014788		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/25/2002
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Preventative Medicine and is licensed to practice in Iowa. 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:

This patient is a 50 year old female employee with date of injury of 6/25/2002. A review of the medical records indicates that the patient is undergoing treatment for subacromial decompression and Mumford procedure at the right shoulder on 2/8/12. Subjective complaints include constant numbness and tingling in hands rating pain at 9/10. She had continued numbness in fingers after third stellate ganglion block in 12/2013. She reports burning and spasms in right upper extremity with pain rated as a (5/10). The patient stated she has difficulty falling and staying asleep. She has 75% pain relief and a 50-60% improvement after third stellate ganglion block. Objective findings include ultrasound (3/20/2013) revealing no recurrent rotator cuff tears, common adhesive capsulitis noted. She has tenderness to palpation noted over paraspinal musculature and right trapezius. Her range of motion is decreased in neck, right shoulder; decreased flexion and extension in right wrist. After third stellate ganglion block, tenderness to palpation continued over paraspinal musculature in right trapezius. Positive Spurling sign on the right; decreased range of motion continued in cervical area. Tinel sign positive on the right wrist. Treatment has included subacromial decompression and Mumford procedure at right shoulder on 2/8/2012. Stellate ganglion blocks performed in Jan 2013, Sept 2013, and Dec 2013. Patient noticed improvements in pain and range of motion after each procedure. (i.e. Stellate ganglion block in Sept 2013 improved range of motion by 50-60% and pain reduced). The utilization review dated 1/31/2014 non-certified the request for stellate ganglion blocks x 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Stellate ganglion blocks x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block (SGB) Page(s): 103.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, CRPS, sympathetic blocks (therapeutic)

**Decision rationale:** MTUS states "Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects..... Proposed Indications: This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Pain: CRPS; Herpes Zoster and post-herpetic neuralgia; Frostbite. Circulatory insufficiency: Traumatic/embolic occlusion; Post-reimplantation; Postembolic vasospasm; Raynaud's disease; Vasculitis; Scleroderma." ODG States "Recommendations (based on consensus guidelines) for use of sympathetic blocks (diagnostic block recommendations are included here, as well as in CRPS, diagnostic tests):(1) There should be evidence that all other diagnoses have been ruled out before consideration of use.(2) There should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. (3) If a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase ( 1.5 C and/or an increase in temperature to > 34 C) without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should occur. This is particularly important in the diagnostic phase to avoid overestimation of the sympathetic component of pain. A Horner's sign should be documented for upper extremity blocks. The use of sedation with the block can influence results, and this should be documented if utilized.(4) Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled (See #1-3). These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation.(5) In the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks. These blocks are generally given in fairly quick succession in the first two weeks of treatment with tapering to once a week. Continuing treatment longer than 2 to 3 weeks is unusual. (6) In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment.(7) There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase.(8) In acute exacerbations of patients who have documented evidence of sympathetically mediated pain (see #1-3), 1 to 3 blocks may be required for treatment.(9) A formal test of the therapeutic blocks should be documented (preferably using skin temperature).

The patient has had three previous stellate ganglion blocks. While the treating physician notes that the patient had a previous stellate ganglion blocks with a 70% reduction in pain and improved functionality, the treating physician did not document a decrease in allodynia, decreased medication use, increased range of motion and continued participation in some form of physical therapy/ occupational therapy. As such, the request for stellate ganglion blocks x 2 is not medically necessary.