

<b>Case Number:</b>	CM14-0014829		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	12/09/2006
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/24/2014
<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 American Board of Orthopaedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 23-year-old female who was injured on December 9, 2006. The evaluation January 17, 2014 documents clinical findings of numbness, weakness, swelling, and vasomotor/temperature changes. The original mechanism of injury is documented as occurring from a fall. The upper extremity symptoms began approximately one week following the fall. The utilization review in question was rendered on January 24, 2014. The reviewers request for a stellate ganglion block is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 RIGHT STELLATE GANGLION BLOCK UNDER FLUOROSCOPY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chapter CRPS, Sympathet.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block Page(s): page 1 of 3.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) guidelines support stellate ganglion blocks for diagnostic and therapeutic purposes in a clinical setting of sympathetic pain involving the face, head, neck, and upper extremities and for pain from a number of conditions noted in the citation below, including complex regional pain

program (CRPS). Additionally, CAMTUS indicates that stellate ganglion blocks may be utilized for the diagnosis of CRPS. As such, the request is considered medically necessary.