MAXIMUS Federal Services

| Case Number: | CM14-0018273 | | |
|---|---|---|---|
| Date Assigned: | 02/21/2014 | Date of Injury: | 02/08/2013 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 01/13/2014 |
| Priority: | Standard | Application Received: | 02/13/2014 |

## 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 2/8/13. A utilization review determination dated 1/13/14 recommends non-certification of stellate ganglion blocks. 12/19/13 medical report identifies right neck pain with right arm radiating and right low back pain (LBP) with right leg radiation. He is starting to have some spread of the pain to the left side. He has allodynia of the right arm and hand, worse distally. His right arm and hand are cold to touch, mottled, cyanotic, and he has increased perspiration. On exam, right hand is contracted and atrophic, cold and cyanotic, positive perspiration of the right hand, unable to move. The provider noted that the patient has advanced and rapidly progressing CRPS that is starting to involve all four extremities, and the best option is to proceed with a series of 3 stellate ganglion blocks with concurrent aggressive PT, assuming that the blocks are relieving his pain. There was also consideration for lumbar sympathetic block for lower extremity CRPS and, if he does not derive long-term relief from the above, there would need to be discussion regarding spinal cord stimulation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**3 STELLATE GANGLIAN BLOCKS TO THE RIGHT WRIST:** Upheld

**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 MTUS (Effective July 18, 2009), CRPS, Sympathetic Blocks (Therapeutic Page(s): 103-104. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Chronic Pain Chapter, CRPS, Sympathetic Blocks (Therapeutic)

**Decision rationale:** Regarding the request for 3 stellate ganglian blocks to the right wrist, Chronic Pain Medical Treatment Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. ODG state that there should be evidence that all other diagnoses have been ruled out before consideration of use, as well as evidence that the Budapest criteria have been evaluated for and fulfilled. The guidelines go on to state that if a sympathetic block is utilized for diagnosis, there should be evidence that the block fulfills criteria for success including increased skin temperature after injection without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should also occur. For therapeutic injections, guidelines state that they are only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Within the documentation available for review, there is no documentation that an appropriate diagnostic block with subsequent skin measurement as well as motor and sensory testing has been performed to support the medical necessity of additional injections. Unfortunately, there is no provision for modification of the current request to a single diagnostic block. In light of the above issues, the currently requested 3 stellate ganglian blocks to the right wrist are not medically necessary.