Case Number:	CM14-0115872		
Date Assigned:	08/04/2014	**Date of Injury:**	05/20/2013
Decision Date:	09/24/2014	**UR Denial Date:**	06/28/2014
Priority:	Standard	**Application Received:**	07/24/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old who reported an injury on 05/20/2013. Mechanism of injury was not submitted in documentation. The injured worker has diagnoses of chronic pain syndrome, crushing injury of forearm, encounter for therapeutic drug monitoring, RSD upper extremity, persistent right median nerve dysfunction, and status post right forearm ORIF, acute carpal tunnel release, and skin grafting. Past treatment includes occupational therapy and medication therapy. Medications include gabapentin 400 mg 3 tablets a day, Percocet 10/325 mg 1 tablet every 8 hours. MRI of the right forearm obtained on 10/10/2013 revealed suboptimal exam due to extensive artifact from hardware, no muscular atrophy or edema apparent within the forearm. MRI of the right hand obtained on 10/17/2013 revealed mild degenerative changes noted at ITP joint of thumb, no evidence of significant muscular atrophy or edema. The injured worker underwent right forearm open reduction internal fixation. The injured worker also underwent carpal tunnel release and skin grafting to the right side as well. The dates for these were not submitted in the report. The injured worker complained of right upper extremity pain. He denied any changes in his symptoms at that time. He denied any new injuries. The injured worker stopped physical therapy and he notes symptoms were getting worse. He rated his right upper extremity pain at a 4/10 to 9/10. He also stated that the right upper extremity had numbness to the hand. Physical examination dated 07/10/2014 revealed that the injured worker's cervical spine had no paracervical muscle tenderness on the right and left, normal rotation to the right and left with no pain with flexion or extension. There were negative foraminal closure tests on the right and left with no pain to palpation over the C2 transverse process bilaterally. Examination of the lumbar spine revealed non-tender to palpation, normal extension, normal flexion, straight leg raise negative bilaterally. The injured worker had

full range of motion of the hip. It was revealed in the examination that there was no tremor or sensory exam deficits, normal strength, tone and reflexes. The treatment plan was for the injured worker to undergo 1 stellate ganglion block on the right side. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) stellate ganglion block on the right side: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (Stellate ganglion block) Page(s): 103-104.

Decision rationale: The request for One (1) stellate ganglion block on the right side is not medically necessary. The injured worker complained of right upper extremity pain. He denied any changes in his symptoms at that time. He denied any new injuries. The injured worker stopped physical therapy and he notes symptoms were getting worse. He rated his right upper extremity pain at a 4/10 to 9/10. He also stated that the right upper extremity had numbness to the hand. The MTUS states that guideline recommendations are generally limited to diagnosis and therapy for CRPS. There is limited evidence to support this procedure, 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. Pain: CRPS; Herpes Zoster and post-herpetic neuralgia; Frostbite. Circulatory insufficiency: Traumatic/embolic occlusion; Post-replantation; Post embolic vasospasm; Raynaud's disease; Vasculitis; Scleroderma. Given the above, the injured worker is not within the MTUS guidelines. A diagnosis of CRPS should not be accepted without a documented and complete differential diagnostic process completed as a part of the records. There was no documentation that the provider had gone through this diagnostic process. Furthermore, the injured worker had been responding and seeing improvements with medication management and occupational therapy. The guidelines do not recommend proceeding with a stellate ganglion block if other forms of treatment are producing improvements. It is not warranted at this time to proceed with a block when the injured worker is improving with medication therapy and occupational therapy. Furthermore, the request as submitted does not specify what on the right side was going to get the stellate ganglion block. Based on the submitted documentation provided for review, the decision for One (1) stellate ganglion block on the right side is not medically necessary.