

<b>Case Number:</b>	CM14-0123593		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/12/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Family 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 54-year-old female who has submitted a claim for RSD (reflex sympathetic dystrophy) of left upper extremity and left shoulder pain associated with an industrial injury date of 01/12/2009. Medical records from 10/07/2010 to 07/21/2014 were reviewed and showed that patient complained of neck pain graded 6-8/10 radiating down bilateral upper extremities with associated tingling and numbness. Physical examination revealed tenderness over the cervical paraspinals and spasm over right upper trapezius, decreased cervical spine ROM (range of motion), MMT (manual muscle testing) of bilateral upper extremities was 5/5, hypersensitivity in the right third and fourth fingers, intact DTRs (deep tendon reflexes), and positive Spurling's test that caused pain to the right shoulder. MRI of the cervical spine dated 11/02/2012 revealed C5-6 disc bulge and bilateral unciniate hypertrophy causing compromise of left neural foramen. Treatment to date has included acupuncture, left C7 stellate ganglion block (07/19/2013; one month relief), left C7 stellate ganglion block (08/07/2013; one month relief), left C5-6 transforaminal ESI (60% relief left-sided neck), and pain medications. Utilization review dated 07/31/2014 modified the request for stellate ganglion blocks, left C7 Qty: 3.00 to Qty 1.00 because there was no documentation of objective functional benefit including decreased opiate use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C7 stellate Ganglion block qty 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103, 104.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks, Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 39,103-104.

**Decision rationale:** As stated on pages 103-104 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is limited evidence to support stellate ganglion block (SGB), 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. Proposed indications for pain include: CRPS; herpes zoster and post-herpetic neuralgia; and frostbite. Stellate ganglion blocks are recommended only for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeat blocks are only recommended if continued improvement is observed. In this case, the patient had previous left C7 stellate ganglion blocks (07/09/2013 and 08/07/2013) with one month relief. However, it is unclear if the block will be used as an adjunct to physical therapy which is required by the guidelines. There is also paucity of studies that support stellate ganglion blocks. Furthermore, there was no documentation of guidelines-recommended conservative treatment. There is no clear indication for stellate ganglion block at this time. Therefore, the request for left C7 stellate Ganglion block qty 3 is not medically necessary.