

<b>Case Number:</b>	CM14-0152842		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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, 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 injured worker is a 54-year-old female who sustained an injury on 06/03/10. On 08/18/14 she presented with complaints of right wrist and thumb pain described as constant, deep aching, burning, throbbing, electrical with tingling, numbness, crushing and spasm. The pain improved with ice, heat and medication and increased during cold weather and lifting. Pain level was rated at 7/10. She had associated symptoms of stiffness, tenderness, and weakness. On exam, there was tenderness to palpation over the right wrist. MRI without contrast on 3/21/13 revealed status post-surgical resection of the trapezium with surgical hardware at the base of the first metacarpal bone, postsurgical changes within the distal abductor pollicis longus tendon and surrounding soft tissues and central perforation within the triangular fibrocartilage complex with resultant DRUJ fusion. Current medications include OxyContin and Norco. She was previously treated with right wrist surgery, two revision surgeries, right stellate ganglion block, ice application, heat therapy, occupation therapy, and medications. She received a right stellate ganglion nerve block in the past and indicated that it offered great relief (for 2 days), but she did not get any more of them due to further non-certifications. Diagnoses include osteoarthritis; unspecified GEN/LOC hand, injury cut sensory nerve upper limb, and unspecified reflex sympathetic dystrophy. The request for Stellate ganglion nerve block injection under ultrasound with IV sedation, right was denied on 9/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stellate ganglion nerve block injection under ultrasound with IV sedation, right:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (Stellate Ganglion Block, Thoracic Sym.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic Blocks, Page(s): page 103. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CRPS

**Decision rationale:** Per CA MTUS guidelines, there is limited evidence to support this procedure, with most studies reported being case studies. Per ACOEM guidelines, Stellate ganglion blocks are recommended for treatment of acute or an acute flare-up of CRPS as an adjunct to a functional restoration approach; Acute or an acute flare up of CRPS that has not responded or is inadequately controlled with medications, graded exercise, physical therapy/occupational therapy; Should be performed when it is integrated into a comprehensive treatment program emphasizing functional restoration. In this case, there is no documentation of an integrated comprehensive treatment regimen such as functional restoration program. Furthermore, there is no evidence of significant long lasting improvement with prior trial of Stellate ganglion block. Therefore, the request is considered not medically necessary and is non-certified.