

<b>Case Number:</b>	CM14-0156168		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	07/02/1997
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Interventional Spine 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 52 year old female with an injury date of 07/02/97. Based on the 08/27/14 progress report provided by [REDACTED] the patient complains of chronic pain related to complex regional pain syndrome, type I right upper extremity, mostly at neck, radiating to both shoulders. Her pain is rated 8/10 with medications and 10/10 without. Symptom manifestation presented by nerve pain in her upper extremities and headaches. Patient wears bilateral wrist braces and relies on Floricet and Stellate Ganglion Blocks for relief of pain and migraine. She routinely obtains >50-60% improvement sustained for about 6 weeks with Stellate Ganglion Block. Medications also include Norco, Gabapentin, Omeprazole, Simvastatin and Valium. Physical examination reveals tenderness to palpation of cervical paraspinal muscles. Range of motion is within normal limits and reflexes are normal. The patient is permanent and stationary. Diagnosis 08/27/14- degeneration of cervical intervertebral disc- cervicgia- brachial neuritis or radiculitis NOS- pain in soft tissues of the limb- pain in joint, shoulder region- pain in joint, upper arm- reflex sympathetic dystrophy of the upper arm- headache- other acute reactions to stress- other syndromes affecting cervical region- other nerve root and plexus disorders- unspecified neuralgia, neuritis and radiculitis- unspecified hereditary and idiopathic peripheral neuropathy [REDACTED]. [REDACTED] is requesting Left Stellate ganglion block. The utilization review determination being challenged is dated 09/15/14. The rationale is "...no documentation of therapy or functional restoration program and guidelines do not recommend sympathetic blocks as stand-alone treatment." [REDACTED] is the requesting provider, and he has provided treatment reports from 01/16/14 - 09/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left stellate ganglion block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Regional sympathetic blocks (stellate ganglion block, tho.

**Decision rationale:** Per progress report dated 08/27/14, physician states that patient routinely obtains >50-60% improvement sustained for about 6 weeks with Stellate Ganglion Block procedure. However, based on guidelines, the usefulness of repeated blocks still remains controversial, with limited evidence to support the requested procedure for the treatment of patient's CRPS. Patient presents with 'acute reaction to stress' per diagnosis dated 08/27/14. Based on guideline definition, shows 'poor coping skills' which are predictors for 'poor response.' The procedure is an adjunct to facilitate physical therapy, and there is no documentation of physical therapy in review of reports. Furthermore, the physician believes this patient has CRPS of the neck and shoulders/head, without much findings of the extremity on left side. Examination findings do not show hypersensitivity, dystrophic skin changes, joint stiffness or swelling, discoloration, the hallmark signs of CRPS. The request is not in line with MTUS indications; therefore the request is deemed not medically necessary.