Case Number:	CM14-0174555		
Date Assigned:	10/27/2014	**Date of Injury:**	12/27/2012
Decision Date:	12/03/2014	**UR Denial Date:**	09/22/2014
Priority:	Standard	**Application Received:**	10/21/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 59 year old patient with date of injury of 12/27/12. Medical records indicate the patient is undergoing treatment for reflex sympathetic dystrophy, unspecified and flexor hallucis longus tenosynovitis. Subjective complaints include significant pain rated 4-8/10, depending on posture, position, activities and duration of activity. Complains of weakness, loss of mobility, numbness and loss of dexterity to the right hand and fingers, neck pain, is unable to tolerate repetitive activities in front of the body, unable to tolerate over the shoulder activities and difficulty falling asleep and staying asleep. Objective findings include purplish/dusky discoloration along with mottling of the right hand and fingers as compared to the left, infrared temperature evaluation of hands and fingers demonstrate the patient's palms measure 88.6 degrees on the left and 82.1 degrees on the right, the index finger pad on the right is 74.4 degrees and the left is 78.6 degrees; right hand shiny/mildly atrophic as compared to the skin of the left hand and fingers. Tinel's sign is mildly positive bilaterally, the right being more positive than the left. Tinel's sign is slightly positive over the radial nerve in the lateral upper arm on the right, more so than the left. Tinel's sign positive at the tunnel bilaterally. MRI competed on 07/16/2014 shows posterior disc protrusion of 2mm to C2-C3, C3-C4, C4-5, C5-C6 and an anterior disc protrusion of 2mm to C5-C6 and C6-C7. Treatment has consisted of therapeutic exercises, diagnostic stellate ganglion block, dendracin lotion and hot packs. The utilization review determination was rendered on 09/22/2014 recommending non-certification of a Sympathetic Ganglion Block - Right Wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic Ganglion Block - Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks Page(s): 103.

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

Decision rationale: MTUS states "Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment. Also see CRPS, diagnostic criteria; CRPS, medications; & CRPS. Stellate ganglion blocks (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects. Anatomy: Sympathetic flow to the head, neck and most of the upper extremities is derived from the upper five to seven thoracic spinal segments. The stellate ganglion is formed by a fusion of the inferior and first thoracic sympathetic ganglia in 80% of patients. In the other 20%, the first thoracic ganglion is labeled the stellate ganglion. The upper extremity may also be innervated by branches for Kuntz's nerves, which may explain inadequate relief of sympathetic related pain. Proposed Indications: 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-reimplantation; Postembolic vasospasm; Raynaud's disease; Vasculitis; Scleroderma. Testing for an adequate block: Adequacy of a sympathetic block should be recorded. A Horner's sign (ipsilateral ptosis, miosis, anhydrosis conjunctival engorgement, and warmth of the face) indicates a sympathetic block of the head and face. It does not indicate a sympathetic block of the upper extremity. The latter can be measured by surface temperature difference (an increase in temperature on the side of the block). Somatic block of the arm should also be ruled out (the incidence of brachial plexus nerve block is ~ 10%). Complete sympathetic blockade can be measured with the addition of tests of abolition of sweating and of the sympathogalvanic response. Documentation of motor and/or sensory block should occur. Complications: Incidental recurrent laryngeal nerve block or superior laryngeal nerve block, resulting in hoarseness and subjective shortness of breath; Brachial plexus block; Intravascular injection; Intrathecal, subdural or epidural injection; Puncture of the pleura with pneumothorax; Bleeding and hematoma. There appears to be a positive correlation between efficacy and how soon therapy is initiated (as studied in patients with CRPS of the hand). Duration of symptoms greater than 16 weeks before the initial SGB and/or a decrease in skin perfusion of 22% between the normal and affected hands adversely affected the efficacy of SGB therapy. Stellate ganglion Block: Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment. Detailed information about stellate ganglion blocks, thoracic sympathetic blocks, and lumbar sympathetic blocks is found in regional sympathetic blocks." There is limited evidence to support this procedure with most studies reported being case studies. The treating physician does not detail the number of physical therapy visits and the outcome of those visits. The treating physician has not detailed a trial and failure of previous conservative treatments. Also, there is

no documentation of a home exercise program. As such, the request for a sympathetic ganglion block the right wrist is not medically necessary.