

<b>Case Number:</b>	CM14-0180747		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	09/12/1997
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

69 year old female injured worker with a date of injury of 9/12/97 with related chronic pain syndrome, CRPS of the upper limb, and shoulder pain. Per progress report dated 10/16/14, the injured worker had pain, numbness and tingling from the right neck down the back of the arm to the third, fourth, and fifth fingers. She could not tolerate cold and had weakness in the right arm and hand. She also had left low back pain. She reported that her usual pain score was 9/10. It was noted that since the last visit in 9/2014 the injured worker's pain was worse, functionality was worse, and medication usage was the same. Treatment to date has included stellate ganglion block, spinal cord stimulator, and medication management. The date of UR decision was 10/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Series of Right Stellate Ganglion Block (3 injections):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block Page(s): 108.

**Decision rationale:** With regard to stellate ganglion block, MTUS CPMTG states "Recommendations are generally limited to diagnosis and therapy for CRPS." Per ODG: Recommendations (based on consensus guidelines) for use of sympathetic blocks (diagnostic block recommendations are included here, as well as in CRPS, diagnostic tests): (1) There should be evidence that all other diagnoses have been ruled out before consideration of use.(2) There should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled.(3) If a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase (degrees C and/or an increase in temperature to greater than 34degrees C) without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should occur. This is particularly important in the diagnostic phase to avoid overestimation of the sympathetic component of pain. A Horner's sign should be documented for upper extremity blocks. The use of sedation with the block can influence results, and this should be documented if utilized. (Krumova, 2011) (Schurmann, 2001)(4) Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled (See #1-3). These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation.(5) In the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks. These blocks are generally given in fairly quick succession in the first two weeks of treatment with tapering to once a week. Continuing treatment longer than 2 to 3 weeks is unusual.(6) In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment.(7) There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase.(8) In acute exacerbations of patients who have documented evidence of sympathetically mediated pain (see #1-3), 1 to 3 blocks may be required for treatment.(9) A formal test of the therapeutic blocks should be documented (preferably using skin temperature).The medical records submitted for review indicate that the injured worker last underwent stellate ganglion block 12/16/13 with 90 percent relief of pain in the right shoulder and arm and right side of neck and face. I respectfully disagree with the UR physician's denial based upon the lack of sustained benefit; as the injured worker is treated stellate ganglion blocks on a recurring basis, pain worsens in between blocks. The ODG has endorsed up to a series of 6 stellate ganglion blocks as it is understood they sometimes provide short term relief. The request is medically necessary.

**1 Prescription for Cymbalta 60mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

**Decision rationale:** Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-

neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Per progress report dated 10/16/14, the injured worker presented with neuropathic symptoms affecting the right neck down the back of the arm. It was noted that her current medication use was stable and adequate and providing good pain relief, that the medication was increasing functionality and quality of life. Though the injured worker's pain may be worsening, it is decreased compared to pain level without medications. The request is medically necessary.