

<b>Case Number:</b>	CM14-0023962		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 59 year old with an injury date on 7/1/11. Based on the 1/31/14 progress report provided by [REDACTED] the diagnoses are complex regional pain syndrome left upper extremity, S/P laceration left ring finger with resultant infection, squamous cell carcinoma left ring finger, S/P skin graft from antecubital fossa to left ring finger, cervical spine sprain/strain., hypertension and medication induced gastritis. An exam of C-spine on 1/31/14 showed "tenderness to palpation bilaterally, with increased muscle rigidity. Numerous trigger points palpable and tender throughout cervical paraspinal muscles bilaterally. There is decreased range of motion with obvious muscle guarding, hypersensitivity in left upper extremity, marked atrophy noted along left thenar and hypothenar muscle and diffuse hyperalgesia with discoloration." [REDACTED] is requesting left cervical sympathetic nerve block. The utilization review determination being challenged is dated 2/13/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/1/13 to 1/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE LEFT CERVICAL SYMPATHETIC NERVE BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks (Stellate Ganglion Block, Thoracic Sympathetic Block, & Lumbar Sympathetic Block).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks, Page 39-40 and the Regional Sympathetic Blocks Page(s): 103-104.

**Decision rationale:** This patient presents with left upper extremity pain with hypersensitivity/swelling in left forearm and hand. The provider has asked left cervical sympathetic nerve block on 1/31/14. QME report from 12/23/13 shows patient had prior cervical sympathetic nerve block on 7/8/13 which did not provide relief, but exacerbated pain in left upper extremity. On 1/31/14, provider requests repeat sympathetic nerve block since patient "continues to experience significant and debilitating pain with significant functional limitation in her left upper extremity." Regarding repeat sympathetic blocks, California MTUS recommends a second block "only if continued improvement is observed." In this case, the patient did not see improvement from the first block, and so a repeat sympathetic nerve block would not be indicated per California MTUS guidelines. The request is not medically necessary.