

<b>Case Number:</b>	CM14-0029415		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 and 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:

A 41 year old female injured worker with date of injury 1/25/13 with injury to the left hand. She has been diagnosed with complex regional pain syndrome type I of the upper limb. 2/4/13 x-ray revealed there was no acute fracture. 3/7/13 MRI revealed mild patchy edema in the first-fourth proximal phalanges and fourth metacarpal head. She underwent left stellate ganglion block on 9/4/13 and 9/11/13. On 9/18/13 she underwent left stellate ganglion block at T1 and C7. On 12/20/13 she underwent left wrist arthroscopy. The date of UR decision was 2/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT STELLATE GANGLION BLOCKS QTY 3.00:** Upheld

**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 1/21/14 progress report the injured worker underwent a series of 3 stellate ganglion blocks on 9/4/13, 9/11/13, and 9/18/13. She reports that following the first two blocks, she had no pain to the left

arm or in the left hand. She stated that after the third block she started having achy pain and pain to the entire left arm gradually came on. She experienced a paresthesia during the third SGB. This information negates the medical necessity of another series of three stellate ganglion blocks. It should be noted that the UR physician has partially certified 1 left stellate ganglion block to allow for documentation of clinical benefit given the result of the most recent block.