

<b>Case Number:</b>	CM14-0033637		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 and is licensed to practice in Illinois. 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 claimant is a 57-year-old female who reported an injury on 03/18/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 03/03/2014 indicated wrist strain, left repetitive stress injury, carpal tunnel syndrome, De Quervain's tenosynovitis, ganglion cyst and CRPS. The claimant was status post a left stellate ganglion block of C6 of 6 injections. The claimant reported mild flare of pain in her left thumb as well as the thenar border of her wrist. The claimant also reported a mild increased swelling in the thenar aspect of her wrist and thumb. She reported pain from her neck that radiated down her left upper extremity to her hands. It was reported that there was temporary relief from taking Lyrica nightly. On physical examination of the wrist and hand, there was swelling to the left wrist and hand, predominantly noted along the thenar border. The claimant had a positive ganglion noted at the distal radius, however, the physician was unable to assess strength due to the claimant was tender to light touch. There is positive Tinel's and Phalen's test. The claimant had positive Finkelstein's test, motion loss and strength loss. The prior treatments included diagnostic imaging, surgeries, injections and medication management. Medication regimen included Lyrica, Dendracin ointment and lidocaine ointment. The provider submitted a request for outpatient stellate ganglion block on the left at C6 anterior vertebra under fluoroscopy for 6 sessions. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Stellate Ganglion block on left at C6 anterior vertebra under fluoroscopy for six (6) sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Stellate Ganglion Block (SGB).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Stellate ganglion block.

**Decision rationale:** The Official Disability Guidelines (ODG) states recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy/ functional restoration. When used for therapeutic purposes the procedure is not considered a stand-alone treatment. The role of sympathetic blocks for treatment of CRPS is largely empirical (with a general lack of evidence-based research for support) but can be clinically important in individual cases in which the procedure ameliorates pain and improves function, allowing for a less painful "window of opportunity" for rehabilitation techniques. The guidelines also indicate therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. 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. 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. There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase. In acute exacerbations of patients who have documented evidence of sympathetically mediated pain, 1 to 3 blocks may be required for treatment. A formal test of the therapeutic blocks should be documented (preferably using skin temperature). In this case, the claimant underwent 6 ganglion blocks under fluoroscopy, however, the injured worker continues to report excruciating pain. In addition, there was lack of quantified pain relief and functional improvement with the use of these ganglion blocks. In addition, there is a lack of evidence of physical or occupational therapy incorporated with the duration of the use of this block. Moreover, the documentation submitted did not indicate increased range of motion or increased tolerance of activity and touch. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for 6 sessions of additional outpatient stellate ganglion block on left at C6 anterior vertebra under fluoroscopy for six (6) sessions is not medically necessary and appropriate.