

<b>Case Number:</b>	CM14-0042190		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 48-year-old female patient with a 4/20/12 date of injury. The mechanism of injury was not provided. A progress report dated on 5/28/14 indicated that the patient continued to complain of persistent pain in the right upper extremity that extended up to the right neck. She was awaking during the night due to pain, 6/10. She described her pain as sharp, dull, throbbing, and burning pain. Physical exam revealed tenderness in the right arm. The pain increased with pronation and supination. There were hyperpathia and dysesthesias in the right elbow. In the progress report dated on 3/18/14 indicated that there was no evidence of complex regional pain syndrome. She was diagnosed with right arm pains/p non-displaced, non-surgical fracture of the radial head of with radiographic evidence of healing. She had a combination of the neuropathic pain from radial nerve irritation combined with soft tissue enthesopathy. Treatment to date includes: medication management (allergy to Lidocain), Acupuncture therapy authorization (9/16/13). There is documentation of a previous 4/9/14 adverse determination, based on the fact that there was documentation supporting diagnosis CRPS, the request for ganglion block with flouroscopy and moderate sedatoinwas not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Side Ganglion Block:** 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 Page(s): 39.

**Decision rationale:** CA MTUS states that stellate ganglion blocks are recommended for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. The patient presented with the persistent pain in the right upper extremity that extended up to the right neck. There was no documentation supporting acupuncture therapy, which was authorized on 9/16/1 or physical therapy. In addition there was documentation supporting that there was no evidence of complex regional pain syndrome. Guidelines support ganglion block for sympathetically mediated pain and as an adjunct to facilitate physical therapy . Therefore, the request for Right Side Ganglion Block was not medically necessary.

**Fluoroscopy for requested Right Sided Stellate Ganglion Block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/16858470> A new and easy technique to block the stellate ganglion.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.njmetropain.com/files/2013/03/Stellate-Ganglion1.pdf> A New and Easy Technique to Block the Stellate Ganglion.

**Decision rationale:** The accuracy of the fluoroscopic approach is much greater than that of the blind approach for stellate ganglion block. However, there was no medical necessity for ganglion blockade. Therefore, the request for Fluoroscopy for requested Right Sided Stellate Ganglion Block was not medically necessary.

**Moderate Sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3227310/> Procedural sedation: A review of sedative agents, monitoring, and management of complications.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.uptodate.com/contents/procedural-sedation-in-adults> Procedural sedation in adults.

**Decision rationale:** Procedural sedation involves the use of short-acting analgesic and sedative medications to enable clinicians to perform procedures effectively, while monitoring the patient closely for potential adverse effects. However, there was documentation supporting allergy of

Lidocaine. In addition, there was no medical necessity for ganglion blockade. Therefore, the request for Moderate Sedation was not medically necessary.