

<b>Case Number:</b>	CM14-0042896		
<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>	03/31/2014
<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 Occupational 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:

The patient is a 48-year-old female who has submitted a claim for unspecified hereditary and idiopathic peripheral neuropathy associated with an industrial injury date of April 20, 2012. Medical records from 2013 to 2014 were reviewed. The patient previously had a non-displaced radial head fracture. She complained of increased right arm pain rated 7-9/10. The pain was described as sharp, dull, burning, and pins and needles sensation. Physical examination of the cervical spine showed tenderness over the right paraspinal area with palpable spasm in the right trapezius. Right arm examination showed tenderness with pain on pronation and supination; hyperpathia and dysesthesia of the right elbow; and positive Finkelstein test. Temperature, color, sweating, and muscle tone and bulk of the right arm were normal. No trophic changes were noted. The diagnosis was peripheral neuropathy status post non-displaced non-surgical fracture of the radial head with radiographic evidence of healing. Treatment plan includes a request for stellate ganglion block. Treatment to date has included oral and topical analgesics, acupuncture, occupational therapy, physical therapy, TENS, and heat/cold modalities. Utilization review from March 31, 2014 denied the request for right side stellate ganglion block with fluoroscopy and moderate sedation because there are neither subjective complaints nor objective findings to indicate sympathetically mediated pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Side Stellate Ganglion Block with Fluoroscopy and Moderate Sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks Page(s): 103-104. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/16858470>, A new and easy technique to block the stellate ganglion.<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3227310/>, Procedural sedation: A review of sedative agents, monitoring, and management of complications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), page 103-104 Page(s): 103-104.

**Decision rationale:** As stated on pages 103-104 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is limited evidence to support stellate ganglion block (SGB), with most studies reported being case studies. This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Proposed indications for pain include: CRPS; herpes zoster and post-herpetic neuralgia; and frostbite. In this case, the patient is being treated for peripheral neuropathy. CRPS is suspected. However, there is no evidence of CRPS or sympathetically-mediated pain based on the most recent physical examination findings. Moreover, there was no objective evidence of failure of oral pain medications and other guideline-recommended conservative treatment to manage pain. The medical necessity has not been established at this time. There is no clear indication for the requested procedure. Therefore, the request for Right Side Stellate Ganglion Block with Fluoroscopy and Moderate Sedation is not medically necessary.