

<b>Case Number:</b>	CM14-0044230		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/17/1999
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Anesthesiologist and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 51-year-old female who reported an injury on 05/17/1999 due to an unspecified mechanism of injury. On 06/09/2014, she reported severe pain in her right upper extremity. A physical examination revealed the right upper extremity was swollen and she appeared to be in distress. Diagnostic studies were not provided in the medical records. It was noted that she was status post right stellate ganglion block performed on 12/23/2013. Her diagnoses were listed as flareup of right upper extremity complex regional pain syndrome, status post ulnar transposition and carpal tunnel release on the right, status post right shoulder surgery, repetitive stress injury of the right upper extremity, cervical strain, left upper extremity repetitive stress injury due to using the left arm more, and left shoulder impingement. Her medications included Motrin 800 mg up to 3 times a day, Prilosec OTC 20 mg a day, Zanaflex 2 mg 1 or 2 tablets once or twice a day, Skelaxin 800 mg 1 to 3 times a day, baclofen 1 to 3 times a day as needed, Ambien 10 mg, Ativan 1 mg, hydrocodone 10/325 mg, OxyContin 10 mg, and Neurontin 100 mg. Past treatments included medications, surgeries, range of motion exercises, a TENS unit, and a stellate ganglion block. The treatment plan was for a Right Upper Extremity Stellate Ganglion Block. The request for authorization form and rationale for treatment were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Upper Extremity Stellate Ganglion Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic blocks Page(s): 103-104.

**Decision rationale:** The request for Right Upper Extremity Stellate Ganglion Block is non-certified. Per the clinical note dated 04/07/2014, the injured worker had received a right stellate ganglion block on 12/23/2013 and reported 100% pain relief for about a week, she then noted a return of her symptoms. The California MTUS Guidelines state that there is limited evidence to support the use of stellate ganglion blocks. They are indicated for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Usually, these blocks are recommended for a diagnosis and therapy of CRPS. Based on the clinical information submitted for review, a repeat stellate ganglion block is not medically necessary. The documentation provided is lacking evidence significant functional deficits and pain to indicate the need for a stellate ganglion block. In addition, it was reported that the injured worker had already received a stellate ganglion block on 12/23/2013 which only gave one week of symptom relief. The request is not supported by the Guideline recommendations as the previous block did not appear to give significant (lasting) benefit, and there was no physical examination performed to show evidence of significant functional deficits and pain that would indicate the need for an additional stellate ganglion block. Given the above, the request is non-certified.