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| <b>Case Number:</b>   | CM14-0048660 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 03/09/2011 |
| <b>Decision Date:</b> | 09/05/2014   | <b>UR Denial Date:</b>       | 03/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/27/2014 |

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of March 9, 2011. The diagnoses include a localized primary osteoarthritis of the left shoulder, adhesive capsulitis of the left shoulder, subacromial bursitis on the left, reflex sympathetic dystrophy of the upper limb, and acute reaction to stress with disturbance of emotions. The treatment plan recommends a stellate ganglion block on the left side for left upper extremity symptoms. A progress note dated February 10, 2014 indicates that the patient underwent a left shoulder injection which has improved her symptoms in the left shoulder. The physical examination findings revealed reduced range of motion in the left shoulder; decreased sensation on the ulnar side of the left forearm, hypersensitivity to the radial side of the left forearm, the left forearm is cooler than the right, and reduced strength in the left hand. The treatment plan recommends gabapentin and continuing Cymbalta. A progress report dated November 8, 2013 recommends consultation with a pain specialist for RSD in the left arm and hand. A progress note dated September 14, 2013 indicates that the patient uses Lyrica, Cymbalta, Mobic, and Depakote. A note dated July 10, 2013 identifies ongoing swelling and burning pain in the left arm. A pain consultation performed on December 11, 2013 recommends a stellate ganglion block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**STELLATE GANGLION BLOCK LEFT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/REGIONAL SYMPATHETIC BLOCKS, STELLATE GANGLION BLOCK Page(s): 103.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), 8 C.C.R. 9792.20 - 9792.26 Page 103-104 of 127 Page(s): 103-104 OF 127. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG), Chronic Pain Chapter, CRPS, sympathetic blocks (therapeutic).

**Decision rationale:** Regarding the request for stellate ganglion block left upper extremity, Chronic Pain Medical Treatment Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. The ODG state that there should be evidence that all other diagnoses have been ruled out before consideration of use, as well as evidence that the Budapest criteria have been evaluated for and fulfilled. Within the documentation available for review, the requesting physician has identified that the patient has failed numerous conservative treatment options including physical therapy, medication, and activity modification. The patient does have signs and symptoms of CRPS affecting the left upper extremity. There is no indication that the patient has previously undergone sympathetic injections for the upper extremity complaints. As such, the currently requested stellate ganglion block for the left upper extremity symptoms is medically necessary.