

<b>Case Number:</b>	CM14-0060284		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 of the date of injury of August 1, 2011. A utilization review determination dated April 3, 2014 recommends noncertification of a series of sympathetic nerve blocks. A progress report dated March 13, 2014 identifies subjective complaints of sensitivity in the elbow, and the hand shakes and feels weak, hard to control hand and grip things at times. Objective findings revealed tenderness to the upper extremity finger, hand, wrist, and forearm with weak right grip rated as 4/5. There is also a tremor to the right hand and discoloration to the right hand. The right hand is also cold when compared with the left hand. Diagnoses include right upper extremity CRPS, status post right cubital tunnel release, and right owner nerve entrapment. The treatment plan recommends follow-up for right upper extremity RSD. The note indicates that the patient had an injection in September 2013 had recently became painful with tremor increasing. The patient "needs series of sympathetic nerve blocks." A progress report dated November 14, 2013 states that the patient "has had to sympathetic nerve blocks which have resulted in paresthesias of the right cheek."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of Sympathetic Nerve Blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, CRPS, sympathetic blocks (therapeutic)

**Decision rationale:** Regarding the request for stellate ganglion injections, Chronic Pain Medical Treatment Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. 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. The guidelines go on to state that if a sympathetic block is utilized for diagnosis, there should be evidence that the block fulfills criteria for success including increased skin temperature after injection without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should also occur. For therapeutic injections, guidelines state that they are only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Within the documentation available for review, there is no indication that the Budapest criteria have been evaluated for and fulfilled, and there is no documentation that an appropriate diagnostic block with subsequent skin measurement, and motor and sensory testing, has been performed. Additionally, there is no documentation of analgesic response and objective functional improvement as a result of the previous injections, or that adjunctive treatment will be used alongside the stellate ganglion blocks. In the absence of such documentation, the currently requested stellate ganglion injections are not medically necessary.