

<b>Case Number:</b>	CM14-0063299		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 & Rehabilitation 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 injured worker is a 44-year-old female who reported an injury to her right hand due to pressure from a tight glove and repetitive motion on 06/26/2013. On 03/26/2014, her diagnoses included complex regional pain syndrome, type 1 of the left upper extremity, cervical strain and depression. Her treatment plan included request for stellate ganglion blocks to relieve her chronic symptoms and it further stated that ultimately, patients with complex regional pain syndrome are candidates for a trial spinal cord stimulator and will require a psych clearance. Therefore, the request for a psych clearance was also included in the treatment plan. A psychological evaluation on 05/29/2014 revealed depressive symptoms including sadness, fatigue, low self-esteem, apathy, loss of pleasure and a lack of motivation, anxiety symptoms including feelings of insecurity, health worries, social apprehension and recurring thoughts about her injury. Her Beck depression inventory score was 40 which was severe depression and her Beck anxiety inventory was 34 indicating moderate to severe anxiety. The recommendations were for pharmacological management, cognitive behavioral therapy, biofeedback sessions and group therapy. There was no mention of spinal cord stimulator in the recommendations from the psychologist. A Request for Authorization dated 04/08/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stellate ganglion block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Sympathetic Nerve Blocks, Diagnostic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Regional sympathetic blocks Page(s): 39, 103.

**Decision rationale:** The California MTUS Guidelines recommend sympathetic blocks only for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. The guidelines go on to state that there is limited evidence to support regional sympathetic stellate ganglion blocks. The block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities. There appears to be a positive correlation between efficacy and how soon therapy is initiated as studied with CRPS of the hand. It has been greater than 1 year since the reported injury. Additionally, the side of the body for the purposed block was not specified in the request. Therefore, this request for stellate ganglion block is not medically necessary.

**Spinal cord stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, spinal cord stimulators (SCS) Page(s): 38.

**Decision rationale:** The California MTUS Guidelines recommend that spinal cord stimulator should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. This worker had a psychological assessment and cognitive behavioral therapy, individual and group counseling was recommended along with biofeedback sessions and psycho-educational groups over a 2 month period. There is no indication in the submitted documentation that these counseling sessions or biofeedback sessions had ever taken place. Additionally, there was no recommendation from the psychologist for this worker to use a spinal cord stimulator. Furthermore, there was no level specified in the request. Therefore, this request for spinal cord stimulator is not medically necessary.