

<b>Case Number:</b>	CM14-0099392		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	11/05/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Emergency 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:

A patient with a reported date of injury on 11/5/2008. Mechanism of injury is described as a trip and fall. The patient has a diagnosis of right shoulder tendinitis with impingement syndrome, osteoarthritis of bilateral knees, cervical spine disc protrusion with right sided radiculopathy, bilateral elbow epidondylitis, lumbar spine disc protrusion and right upper and lower extremity complex regional pain syndrome. The patient also has migraine headaches. The patient has reportedly post right trigger finger, deQuervain's and carpal tunnel release surgeries. According to the report from 5/30/14, the patient complains of neck, right shoulder, bilateral wrists, low back and bilateral knee pains. It is noted that the patient has burning pain to the right upper extremity. Objective exam reveals cervical spine tenderness to the paraspinal area, and noted spasms. Mildly decreased range of motion, and pain worsens with motion, with radiation to the left upper extremity. Bilateral shoulder has good range of motion (ROM), with pain with motion. Neer and Hawkins signs are positive. Generalized weakness is noted with motion. Bilateral wrists with tenderness over 1st extensor compartment, with positive Finkelstein's test. Lumbar spine with tenderness and spasms, decreased ROM, and pain worsens with movement. MRI of the right shoulder reveals a partial tear to the supraspinatus. MRI of cervical spine reveals mild facet hypertrophy and left foraminal narrowing at C3-4. C4-5 is noted with a 3mm disc bulge with bilateral foraminal narrowing. Disc bulge at C6-7 with right worse than left side. Patient has reported prior right shoulder cortisone injections and bilateral knee orthovisc injections. The patient has reportedly undergone an unknown number of home exercise programs. Independent Medical Review is for Stellate Ganglion Block x 2. Prior UR on 6/3/14 recommended partial certification of 1 block only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stellate Ganglion Block X 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex regional pain syndrome (CRPS) Page(s): 39.

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, regional sympathetic blocks, like stellate ganglion blocks, have limited evidence to support its use. MTUS Guidelines only recommend blocks for diagnosis and treatment of CRPS of the neck and upper extremities. Patient has symptoms consistent with CRPS and has not improved despite conservative treatment. A trial of stellate ganglion blocks may be appropriate to determine if the source of the pain may be alleviated with a block. However 2 blocks, without a successful trial, is not indicated. As such, the request is not medically necessary.