

<b>Case Number:</b>	CM13-0023675		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	01/20/2003
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56-year-old female who reported an injury on 01/20/2013. The mechanism of injury was not specifically stated. The current diagnoses include thoracic outlet syndrome, neck pain, cervical radiculopathy, neuropathic pain, CRPS, thoracic radiculopathy, muscle spasm, neck sprain, cervical spondylosis without myelopathy, thoracic sprain, and thoracic spondylosis without myelopathy. The only clinical note submitted for review is documented on 01/08/2015. The injured worker presented with complaints of 7/10. Previous conservative treatment includes physical therapy and acupuncture. Upon examination, there was limited thoracic range of motion, significant spasm, and twitching of the muscle bellies, significant point tenderness, 5-/5 motor strength in the bilateral upper extremities, and intact sensation. Recommendations at that time included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT 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 (ODG) SYMPATHETIC (STELLATE GANGLION) BLOCKS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-105.

**Decision rationale:** The California MTUS Guidelines state stellate ganglion blocks are recommended, and are generally limited to a diagnosis and therapy, for CRPS. In this case, it is noted that the injured worker maintains a diagnosis of CRPS. However, the injured worker was pending authorization for a neurology consultation. The approval of injections would be premature pending the neurological evaluation. There was also no documentation of a significant musculoskeletal or neurological deficit upon examination. As such, the request is not medically necessary at this time.

**LEFT PECTORALS INJECTION WITH BOTOX:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

**Decision rationale:** The California MTUS Guidelines state Botox injections are not generally recommended for chronic pain disorders, but are recommended for cervical dystonia. The injured worker does not maintain a diagnosis of cervical dystonia. It is also noted that the injured worker has been previously treated with Botox injections. However, there was no documentation of objective functional improvement. Given the above, the request is not medically necessary.