

Case Number:	CM13-0043034		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2007
Decision Date:	04/07/2015	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 43-year-old male, who sustained a work related injury on 8/1/07. The diagnoses have included opioid dependence, cervical spine strain/sprain, reflex symptomatic dystrophy upper limb, chronic, severe neuropathic posttraumatic left upper extremity pain and depression/anxiety. Treatments to date have included left stellate ganglion blocks on 9/21/10, 9/6/11, 4/12/12, 8/9/12 and 3/4/13, left shoulder manipulation under anesthesia, Fentanyl patches, a compounded cream and oral medications. In the PR-2 dated 4/4/14, the injured worker complains of neck and left arm pain. He rates the pain a 7-8/10. He describes the pain as sharp, dull, throbbing, burning, aching "electricity" and pins and needles. He states the pain is constant. He states that activity makes pain worse and medications lessen the pain. He states he got 30% pain relief with last injection. On 10/8/13, Utilization Review non-certified requests for left shoulder interscalene brachial plexus block with ultrasound and 3 chiropractic visits. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER INTERSCALENE BRACHIAL PLEXUS BLOCK W/
ULTRASOUND:** Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 6/7/13) Shoulder (updated 6/12/13) Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Pain (Chronic). CRPS, sympathetic blocks, therapeutic.

Decision rationale: Recommendations (based on consensus guidelines) for use of sympathetic blocks (diagnostic block recommendations are included here, as well as in CRPS, diagnostic tests): (1) There should be evidence that all other diagnoses have been ruled out before consideration of use. (2) There should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. (3) If a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase (< 1.5 C and/or an increase in temperature to > 34 C) without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should occur. This is particularly important in the diagnostic phase to avoid overestimation of the sympathetic component of pain. A Horner's sign should be documented for upper extremity blocks. The use of sedation with the block can influence results, and this should be documented if utilized. (Krumova, 2011) (Schurmann, 2001) (4) Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled (See #1-3). These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. (5) In the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks. These blocks are generally given in fairly quick succession in the first two weeks of treatment with tapering to once a week. Continuing treatment longer than 2 to 3 weeks is unusual. (6) In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment. In this instance, the injured worker has an established diagnosis of chronic regional pain syndrome. The physical exam is consistent with that diagnosis. He has had roughly 7 stellate ganglion blocks in the last 3 years and as a consequence seems to be able to reduce his medication usage for a period of time. The UR physician opined that another block would not serve to return the injured worker back to work given the length of time that has elapsed since the injury (2007). The guidelines state that the following are predictors of poor response to blocks: (1) Long duration of symptoms prior to intervention; (2) Elevated anxiety levels; (3) Poor coping skills; (4) Litigation; (5) Allodynia and hypoesthesia. At this time there are no symptoms or signs that predict treatment success. The guidelines do not state that a stellate ganglion block should not be performed if there are poor predictors of a good response present. The injured worker has benefited therapeutically previously. Therefore, a left shoulder interscalene brachial plexus block with ultrasound was medically necessary.