

<b>Case Number:</b>	CM14-0186787		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 35-year-old man who sustained a work-related injury on May 18, 2012. Subsequently, he developed chronic wrist, hand, and forearm pain. The patient received physical therapy and injection; however, his symptoms were worsened by injection. He underwent a release of first dorsal compartment surgery; however, reported worsened pain after surgery despite 12 therapy visits. According to the progress report dated October 16, 2014, the patient complained of occasional pain in his right shoulder due to overcompensation for his work-related injuries to his left side. The patient also reported pain with associated tingling in his right wrist. The patient also stated that he experiences numbness in his right thumb, index, and middle fingers. He also stated experiencing burning in the thumb of his left hand, which travels into his left wrist. The patient also complained of a burning sensation in his left thumb, radiating up to his wrist. On bilateral wrists/hand examination, there were positive tests for palpable tenderness. There was hypersensitivity observed on the dorsal aspect of the left hand, proximal to the index finger and thumb. The patient was diagnosed with status post DeQuervain's release of the left wrist and possible complex regional pain syndrome. The provider requested authorization for stellate ganglion block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Stellate Ganglion Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cervicothoracic sympathetic block.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympa.

**Decision rationale:** According to MTUS guidelines, <Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects>. According to MTUS guidelines, lumbar sympathetic block Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy.(Colorado, 2002)Except for pain, there is no other information submitted confirming the diagnosis of CRPS. Edema and skin abnormalities are missing from the provider report. The diagnosis of radial neuropathy and entrapment neuropathy was not excluded. Therefore, the request for STELLATE GANGLION BLOCK is not medically necessary.