

<b>Case Number:</b>	CM14-0190537		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 48-year-old female who reported an injury on 04/20/2012. The mechanism of injury involved a fall. The current diagnoses include encounter for long term use of medication, opioid type dependence, pain in a joint of the forearm, and CRPS of the right upper extremity. The injured worker presented on 07/11/2014 with complaints of 6/10 pain. The current medication regimen includes Nucynta 100 mg and Topamax 50 mg. Previous conservative treatment also includes a shoulder injection. The physical examination revealed tenderness in the right arm, pain with pronation and supination, hyperpathia and dysesthesia in the right elbow, and intact motor function. The treatment recommendations included a stellate ganglion block of the right side under fluoroscopic guidance and general anesthesia. A Request for Authorization form was then submitted on 07/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stellate ganglion block with fluoroscopy and moderate sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block Page(s): 103.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain chapter, CRPS, sympathetic blocks (therapeutic).

**Decision rationale:** The California MTUS Guidelines state there is limited evidence to support a cervicothoracic sympathetic block procedure, with most studies reported as being case studies. The block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. The Official Disability Guidelines state prior to a sympathetic block, there should be evidence that all other diagnoses have been ruled out before consideration of use. In this case, there were no documented signs or symptoms suggestive of CRPS. Therefore, the current request cannot be determined as medically appropriate.