

<b>Case Number:</b>	CM14-0195861		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	04/15/2008
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 60-year-old woman who sustained a work-related injury on April 15, 2008. Subsequently, the patient developed chronic hand and shoulder pain. According to a progress report dated on October 27 2014, the patient was complaining of ongoing left upper and lower extremity and shoulder pain. The pain was interfering with the patient activity of daily living. No detailed neurological examination was provided. 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:

**Stellate Ganglion Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** According to California 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 complex regional pain syndrome (of CRPS) was limited to 4 subjects>. According to MTUS guidelines, lumbar sympathetic block Recommended as indicated below. This form of treatment is 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. There is no documentation of sustained benefit and functional improvement with previous use of SGB. Therefore, the request for stellate ganglion block is not medically necessary.