

<b>Case Number:</b>	CM14-0197085		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Emergency Medicine and is licensed to practice in California. 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 54 year-old female, who sustained an injury on February 24, 2011. The mechanism of injury occurred from getting the right upper extremity caught in a machine. Diagnostics have included: January 24, 2012 electromyography (EMG) reported as showing right carpal tunnel syndrome. Treatments have included: psychotherapy, medications, stellate ganglion block. The current diagnoses are: shoulder adhesive capsulitis, psychogenic pain, reflex sympathetic dystrophy, depression, carpal tunnel syndrome. The stated purpose of the request for Right Stellate Ganglion Block was to provide functional improvement. The request for Right Stellate Ganglion Block was denied on October 27, 2014, citing a lack of documentation of functional improvement from a previous stellate ganglion block. Per the report dated October 17, 2014, the treating physician noted complaints of right upper extremity pain.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block Page(s): 108.

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

**Decision rationale:** The requested Right Stellate Ganglion Block, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Page 103, sympathetic block noted these blocks are recommended for CRPS after failed conservative therapy. The injured worker has right upper extremity pain. The treating physician has documented benefit from stellate ganglion blocks. The treating physician has not documented physical exam evidence of Complex regional pain syndrome (CRPS), or objective evidence of functional improvement from a previous ganglion block. The criteria noted above not having been met, Right Stellate Ganglion Block is not medically necessary.