

<b>Case Number:</b>	CM14-0202054		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Preventive Medicine and is licensed to practice in Indiana. 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:

This is a 51 year old female who sustained a work related injury on June 4, 2013, when she slipped and fell down a flight of stairs. She was diagnosed with right hand pain, right shoulder pain and complex regional pain syndrome of the right upper extremity. Current documentation dated October 28, 2014 notes that the injured worker reported neck pain that radiated down both upper extremities. Associated symptoms were frequent tingling in the bilateral upper extremities to the level of the fingers and frequent numbness in the bilateral upper extremities to the level of the hands. The pain was described as aching, burning and throbbing. She also reported low back pain which radiated down the bilateral lower extremities to the feet. The injured worker also had upper extremity pain and pain in the right hand with associated with numbness and tingling. Also noted were allodynia, color change, hypersensitivity, swelling of the right upper extremity and temperature change. The injured workers pain level was noted to be three out of ten with medications. Physical examination of the upper extremities revealed tenderness to palpation of the right hand. There was decreased range of motion of the right middle digit with a complaint of pain. Diagnoses include right hand pain, right shoulder pain, complex regional pain syndrome of the right upper extremity and status post right shoulder dislocation. The injured worker was not working. The injured worker had been receiving physical therapy, and reported that the physical therapy has been effective with ninety percent improvement in her symptoms. She was to continue physical therapy based on her increased level of function and improved quality of life. There is no physical therapy notes submitted for review. Prior treatment has included medications, cortisone injections, aquatherapy and a stellate ganglion block on February 15, 2014. The injured worker was noted to be participating in a home exercise program. The treating physician requested a right stellate ganglion block for differential diagnosis and treatment of sympathetic pain involving the upper extremity. Utilization Review evaluated and

denied the requested on November 17, 2014. Utilization Review denied the request due to no comprehensive physical examination in the most recent report supporting the diagnosis of complex regional pain syndrome that would warrant a stellate ganglion block. In addition there is no documented objective functional improvement with the previous stellate ganglion block. Therefore, the requested is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One right stellate ganglion block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS states "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... Proposed Indications: This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Pain: CRPS; Herpes Zoster and post-herpetic neuralgia; Frostbite. Circulatory insufficiency: Traumatic/embolic occlusion; Post-reimplantation; Postembolic vasospasm; Raynaud's disease; Vasculitis; Scleroderma." ODG States "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.(7) There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase.(8) In acute exacerbations of patients who have documented evidence of sympathetically mediated pain (see #1-3), 1 to 3 blocks may be required for treatment.(9) A formal test of the therapeutic blocks should be documented (preferably using skin temperature). The patient has had a previous stellate ganglion block. The treating physician did not comment on a reduction in pain or improved functionality and did not document a decrease in allodynia, decreased medication use, increased range of motion and continued participation in some form of physical therapy/ occupational therapy. As such, the request for stellate ganglion blocks is not medically necessary.