

<b>Case Number:</b>	CM14-0208924		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/29/2001
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

45 y/o female injured worker with a date of injury of 8/29/01. Her diagnosis include lumbar radiculopathy, lower extremity complex regional pain syndrome (CRPS), upper extremity CRPS, and shoulder impingement. Treatment to date has included sympathetic nerve blocks, spinal cord stimulator placement and medication management. While she was in the facility to have her implanted pulse generator surgically changed, she developed right hand pain. The injured worker believes it was due to a tourniquet placement for approximately five minutes for the purpose of facilitating venipuncture. The utilization review decision was on 6/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right sympathetic nerve blocks x 3:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Sympathetic Blocks

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic Blocks Page(s): 57.

**Decision rationale:** With regard to stellate ganglion block, MTUS CPMTG states "Recommendations are generally limited to diagnosis and therapy for CRPS." Per ODG: 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 UR physician cites ODG criteria as part of the rationale for modifying the request from 3 blocks to 1 block, which is not appropriate as ACOEM / MTUS covers the medical necessity of this request. The request for 3 blocks is supported per ACOEM / MTUS guidelines.

**Right hand x-ray:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Diagnostic Tests

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** Per progress report included in the records available for my review, the physician noted that there was hand pain and requested a hand x-ray as part of the work-up. ACOEM/CA MTUS supports imaging studies to clarify the diagnosis, and notes imaging may be warranted if the medical history and physical examination suggest specific disorders. The UR

physician cites ODG criteria as part of the rationale for denial, which is not appropriate as ACOEM / MTUS covers the medical necessity of this request. The request is medically necessary.