

<b>Case Number:</b>	CM14-0077722		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 52 year old female who sustained an industrial injury on September 24, 2013. She has reported right hand pain and low back pain and has been diagnosed with lumbar radiculopathy, complex regional pain syndrome type 1, left knee posterior cruciate ligament tear, current left knee medial meniscus tear, left knee anterior cruciate ligament tear. Treatment has included medical imaging, medication, physical therapy, and occupational therapy. Currently the injured worker showed tenderness of the right dorsal wrist and volar wrist. Knee examination showed tenderness of the left anterior leg with minimal tenderness of lumbar paraspinals left. The treatment included medications and therapy. On April 22, 2014 Utilization Review non certified 1 stellate ganglion block and neuropsychological testing citing the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stellate ganglion block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cervicothoracic sympathetic block. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) CRPS, sympathetic blocks (therapeutic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 35-41, 103-104.

**Decision rationale:** CA MTUS states that sympathetic blocks are part of a comprehensive approach to management of complex regional pain syndrome and are indicated for use in this condition when other components of management are also implemented, including physical therapy, pharmacologic management and psychological support and assessment. In this case, the record documents a diagnosis of complex regional pain syndrome consistent with the Hardin criteria and documents comprehensive treatment including physical therapy, psychological treatment and pharmacologic treatment. Stellate ganglion block is medically indicated.

**Neurological testing assessment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 100.

**Decision rationale:** The CA MTUS does recommend initial psychological evaluation to evaluate and assess any comorbid conditions that might affect management of chronic pain. In this case there was a requested psychological evaluation for help in managing the claimant's complex regional pain syndrome. The request for neuropsychological testing was made by the psychologist for further specialty assistance in managing the complexity of the claimant's pain management. Neuropsychological testing is medically indicated.