

<b>Case Number:</b>	CM15-0102391		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43 year old male sustained an industrial injury to the left hand on 4/4/14. Previous treatment included occupational therapy (six sessions), stellate ganglion block (2/13/15), left spica brace and medications. In a PR-2 dated 2/26/15, the injured worker reported that since the stellate ganglion block, he had return of movement of the left fifth finger and some movement to the left fourth finger. The injured worker reported that his pain had not changed, rated 8/10 on the visual analog scale associated with numbness, tingling, pins and needles. Physical exam was remarkable for slight edema over the left hand with unchanged allodynia and hyperesthesia and decreased sensation. Active range of motion was present only in the left fourth and fifth finger. The injured worker could not make a fist with his left hand. Current diagnoses included left thumb sprain and left sympathetic dystrophy. The physician noted that consideration would be made for a future stellate ganglion block in the hopes of increasing function and movement in the left hand with return of movement of the left index and third finger. The treatment plan included occupational therapy left hand and continuing medications (Lyrica, Nortriptyline, Cymbalta and Voltaren gel). On 4/9/15, a request for authorization was submitted for a second left stellate ganglion block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Occupational therapy of left hand x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapy, pages 98-99.

**Decision rationale:** Occupational therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified occupational therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of occupational therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal OT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further occupational therapy when prior treatment rendered has not resulted in any functional benefit. The Occupational therapy of left hand x 3 is not medically necessary and appropriate.

### **Request for 2nd Left stellate ganglion block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sympathetic blocks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic stellate ganglion blocks, page 39-40.

**Decision rationale:** Guidelines specify different stages of CRPS with symptoms of spontaneous burning and/or aching pain, more pronounced hyperpathia and or allodynia with clinical signs of sympathetic over-activity including reduced blood flow, sudomotor changes, increased edema, cyanotic skin, possible muscle wasting, initial increase then decrease in hair and nail growth, with osteoporosis of x-rays, not identified here. In addition, there is no focused conservative trial of physical modalities including desensitization, isometric exercises, resisted range of motion, and stress loading attempted. Per Guidelines, Stellate ganglion blocks are only recommended for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy although sympathetic blocks are not specific for CRPS. It is recommended that repeated blocks are only recommended if continued improvement is observed

as systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial with less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade and no controlled trials have shown any significant benefit from sympathetic blockade. Although the patient has noted some nonspecific movement of finger from previous stellate ganglion blocks, submitted reports have not demonstrated specific pain relief in VAS level, increased ADLs, decreased medical utilization or functional change from previous treatment rendered to support repeating the blocks recommended for diagnostic purposes. The Request for 2nd Left stellate ganglion block is not medically necessary and appropriate.