

<b>Case Number:</b>	CM15-0134226		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	08/12/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Pennsylvania, Ohio, 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 8/12/2012. She reported hyperextension injury to the right thumb and subsequently developing additional pain in the left hand and wrist and right foot. Diagnoses include Complex Regional Pain Syndrome (CRPS) of the right upper extremity status post-surgical repair of the thumb ligament, and pain in left upper extremity. Treatments to date include medication therapy, thumb splint, and physical therapy. Currently, she complained of ongoing pain in the left hand, right hand, and right foot. On 6/12/15, the physical examination documented swelling in bilateral hands, fingers and wrists. There was hyperalgesia noted to both hands and wrists. The plan of care included a Stellate Ganglion Block on the right under fluoroscopic guidance and intravenous sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Stellate Ganglion Block with Fluoroscopic guidance under IV sedation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome, Sympathetic and Epidural Blocks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS/Sympathetic Blocks Page(s): 39.

**Decision rationale:** MTUS recommends use of a sympathetic block as an adjunct in the diagnosis of complex regional pain syndrome. An initial physician review concluded that there was no documentation by history or exam to support this probable diagnosis. However, treating physician notes of 6/12/15 discuss swelling and allodynia of the upper extremities refractory to extensive past treatment. This clinical scenario is consistent with MTUS guidelines for a diagnostic stellate ganglion block. The request is medically necessary.