

<b>Case Number:</b>	CM15-0140251		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 (IW) is a 31 year old female who sustained an industrial injury on 10/26/2011. The original injury report and mechanism of injury are not found in the records provided. The injured worker was diagnosed as having: right hand CRPS (chronic regional pain syndrome), right de Quervain's release 08/13/2012, right radial neuralgia versus scar neuroma secondary to CRPS, right TFCC(triangular fibrocartilage complex tear), scaphalunate and lunotriquetral tear, Arthroscopic debridement of the right wrist targeting the TFCC and scar tissue. Treatment to date has included three stellate ganglion blocks which provided relief. Those blocks were followed with physical therapy which significantly improved her CRPS symptoms. She then had Arthroscopic debridement of the right wrist targeting the TFCC and scar tissue. Currently, the injured worker complains of worsening right upper extremity symptoms. She has numbness and tightness throughout her right hand and cannot tolerate light touch on her hand. She has radiating pains from her hand to her shoulder. Objectively there is swelling throughout the right hand. Her right side is five degrees cooler than the rest, and she has tactile allodynia along her right thumb and radial wrist scar as well as into her second and third digit. She can make a fist, but it is painful. Medications include Gralise ER, Duexis, omeprazole, lidocaine ointment, and Pamelor. A request for authorization was made for the following: Right stellate ganglion block for right upper extremity complex regional pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right stellate ganglion block for right upper extremity complex regional pain:** Upheld

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

**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 (ODG) 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-re-implantation; 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 medical documentation provided indicates this patient has had previous stellate ganglion blocks. While the treating physician notes that the patient had pain relief, the treating physician did not document a decrease in symptoms,

decreased medication use, increased range of motion and continued participation in some form of physical therapy/occupational therapy. As such, the request for Right stellate ganglion block for right upper extremity complex regional pain is not medically necessary.