

<b>Case Number:</b>	CM15-0162338		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Arizona, California

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 57-year-old female who sustained an industrial injury on 05-13-2013. Mechanism of injury occurred in the course of her usual work duties. Diagnoses include Complex Regional pain Syndrome of the right upper extremity, and chronic pain syndrome. Treatment to date has included diagnostic studies, medications, physical therapy, status post Stellate Ganglion Block with moderate, 20-50%, overall improvement. She is unable to work. Current medications include Norco, Capsicum Oleoresin cream, Amitriptyline, Ferrous Sulfate, Furosemide, Lorazepam, Omega 3, Pantoprazole, Ranitidine, Sertraline, Trazodone, Vitamin D 3, and Zetia. A physician progress note dated 07-20-2015 documents the injured worker complains of severe upper extremity pain in her right wrist and hand. Her pain was accompanied with numbness and tingling. She rated her pain as 7-9 out of 10. She also had thumb and 3rd finger pain and stiffness. The pain radiated from her fingers up to the hand and wrist. She complains of depression, anxiety, frustration and stress due to pain and being unable to work. The pain was improved with medications. Her pain is rated 6 out of 10 with medications and 9 out of 10 without medications. She reports her pain has worsened since her last visit. On examination, there is tenderness to palpation at the right hand and mild swelling is noted. Range of motion was normal. Jamar Hand Dynamometer was not possible on the left and right hand. She has allodynia present in the right upper extremity, and discoloration present in the right upper extremity and temperature changes are present in the right upper extremity. There is decreased thumb adduction due to pain. Treatment requested is for right Stellate Ganglion Block.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right Stellate Ganglion Block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion block Page(s): 108.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Blocks Page(s): 103.

**Decision rationale:** According to the guidelines, stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. In this case, received a prior block 4 months ago and had improvement. There was mention of diagnosis of CRPS. There is no mention in the guidelines of time frame reference for another block. As a result, the request for another satellite ganglion block due to persistent 7/10 pain is appropriate and medically necessary.