

<b>Case Number:</b>	CM15-0162993		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	12/08/1999
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 was a 44 year old male, who sustained an industrial injury, December 8, 1999. The injured worker previously received the following treatments Cyclobenzaprine, Lidoderm patches, Neurontin, Oxycodone, Oxycontin and Actiq. The injured worker was diagnosed with complex regional pain syndrome do the upper extremity, radiculopathy, cervical post laminectomy syndrome, torsion dystonia, hand injury and ulnar nerve abnormality. According to progress note of July 20, 2015, the injured worker's chief complaint was severe pain in the arm and spine. The pain had worsened gradually over time. This was a chronic problem that started many years ago. The pain was described as sharp, stabbing, aching, burning ad shooting. The pain was moderate, but constant. The pain was worse with walking, sitting, bending, extension, twisting and exercise. The pain was better with ice, laying down, rest and medication. The injured worker reduced the amount of [pain medication and noticed increased pain in the elbow. The physical exam noted the range of motion was limited by pain. There was tenderness with palpation of the paraspinal musculature with spasms. The range of motion was limited by pain. There was tenderness with palpation over the cubital tunnel that recreates arm pain. The injured worker had sign and symptoms consistent with cubital tunnel compression of nerve. The treatment plan included stellate nerve block with fluoroscopy cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Stellate nerve block with fluoroscopy cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block Page(s): 108.

**Decision rationale:** With regard to stellate ganglion block, MTUS CPMTG states "Recommendations are generally limited to diagnosis and therapy for CRPS." Per ODG: 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 ( $= 1.5\text{ C}$  and/or an increase in temperature to  $> 34\text{ C}$ ) 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 records submitted for review did not contain documentation from the treating physician evaluating for and fulfilling the Budapest criteria. As the guideline criteria is not met, the request is not medically necessary.