

<b>Case Number:</b>	CM15-0163822		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	10/21/2010
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 is a 38 year old female, who sustained an industrial injury on October 21, 2010. The injured worker was diagnosed as having reflex sympathetic dystrophy of the upper limb, superior glenoid labrum lesion, chronic right shoulder pain and shoulder impingement syndrome. Currently, the injured worker complains of right shoulder pain. She rates her pain a 5-9 on a 10-point scale. Her previous pain level was 5-9 on a 10-point scale. Her current medication regimen includes Gabapentin, Norco and soma. The injured worker has used Soma since at least January 15, 2105. On physical examination the injured worker has painful range of motion of the right shoulder. She has limited abduction to 90 degrees. The injured worker has a positive Hawkins and Neers test and she has tenderness to palpation over the cervical paraspinal muscles. Her right shoulder deltoid has 4+ - 5 motor strength and her deep tendon reflexes in the bilateral upper extremities are within normal limits. Treatment to date has included right shoulder surgery, physical therapy, home exercise program, opioid medications, and steroid injections. A request for Soma, stellate ganglion block and x-ray of the right upper extremity was received on July 30, 2015. The Utilization Review physician determined that the request for Soma, stellate ganglion block and x-ray of the right upper extremity was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** The requested Soma, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has reflex sympathetic dystrophy of the upper limb, superior glenoid labrum lesion, chronic right shoulder pain and shoulder impingement syndrome. Currently, the injured worker complains of right shoulder pain. She rates her pain a 5-9 on a 10-point scale. Her previous pain level was 5-9 on a 10-point scale. Her current medication regimen includes Gabapentin, Norco and Soma. The injured worker has used Soma since at least January 15, 2015. On physical examination the injured worker has a painful range of motion of the right shoulder. She has limited abduction to 90 degrees. The injured worker has a positive Hawkins and Neers test and she has tenderness to palpation over the cervical paraspinal muscles. Her right shoulder deltoid has 4+ - 5 motor strength and her deep tendon reflexes in the bilateral upper extremities are within normal limits. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma is not medically necessary.

**Stellate ganglion block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Stellate ganglion block.

**Decision rationale:** The requested Stellate ganglion block, is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pages 57 and 104, Sympathetic Ganglion Blocks note that these blocks are useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. There is limited evidence to support this procedure, with most studies reported being case studies. The injured worker has reflex sympathetic dystrophy of the upper limb, superior glenoid labrum lesion, chronic right shoulder pain and shoulder impingement syndrome. Currently, the injured worker complains of right shoulder pain. She rates her pain a 5-9 on a 10-point scale. Her previous pain level was 5-9 on a 10-point scale. Her current medication regimen includes Gabapentin, Norco and Soma. The injured worker has used Soma since at least January 15, 2015.

On physical examination, the injured worker has painful range of motion of the right shoulder. She has limited abduction to 90 degrees. The injured worker has a positive Hawkins and Neers test and she has tenderness to palpation over the cervical paraspinal muscles. Her right shoulder deltoid has 4+ - 5 motor strength and her deep tendon reflexes in the bilateral upper extremities are within normal limits. The treating physician has not documented sufficient physical exam evidence indicative of CRPS, nor detailed documentation of failed conservative treatment trials. The criteria noted above not having been met, Stellate ganglion block is not medically necessary.

**X-ray of the upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The requested X-ray of the upper extremity, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 207-208, recommend radiographs only with documented red flag conditions, after conservative treatment trials. The injured worker has reflex sympathetic dystrophy of the upper limb, superior glenoid labrum lesion, chronic right shoulder pain and shoulder impingement syndrome. Currently, the injured worker complains of right shoulder pain. She rates her pain a 5-9 on a 10-point scale. Her previous pain level was 5-9 on a 10-point scale. Her current medication regimen includes Gabapentin, Norco and soma. The injured worker has used Soma since at least January 15, 2105. On physical examination the injured worker has painful range of motion of the right shoulder. She has limited abduction to 90 degrees. The injured worker has a positive Hawkins and Neers test and she has tenderness to palpation over the cervical paraspinal muscles. Her right shoulder deltoid has 4+ - 5 motor strength and her deep tendon reflexes in the bilateral upper extremities are within normal limits. The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met, X-ray of the upper extremity is not medically necessary.