

<b>Case Number:</b>	CM15-0165061		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old female, who sustained an industrial injury on January 15, 2010, incurring right elbow injuries. She was diagnosed with right lateral epicondylitis. Electromyography studies were unremarkable. She underwent a surgical right lateral epicondyle release and surgical radial nerve release. Treatment included physical therapy and home exercise program, pain medications, muscle relaxants, proton pump inhibitor, anti-inflammatory medications, and restricted activities. Currently, the injured worker complained of constant pain in her right elbow radiating into her right forearm and wrist. She noted numbness to her forearm, wrist and fingers. She had popping in the elbow. She had decreased nerve pain after a nerve block in May, 2014 but her pain still remains. The treatment requested was for a follow up visit for scar revision and a stellate ganglion block of the right side for CRPS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-Up Visit for Scar Revision:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pulsed dye laser (PDL) therapy for scars <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Pulsed dye laser (PDL) therapy for scars "Recommended as indicated below for hypertrophic and keloid scars if the scars cause symptoms or functional impairment. The pulsed dye laser (PDL) delivers energy at a wavelength and duration that has been optimized for the selective treatment of vascular lesions. It has been used in the treatment of warts, port wine stains, hemangiomas, scars, and telangiectasias. Laser therapies significantly improve both the signs and symptoms of hypertrophic scars, as measured by objective and subjective instruments." Although the patient developed a red keloid scar status post revision, there is no documentation that the patient developed significant physical and functional deficit. The need for follow up visit for a scar revision is unclear. Therefore, the request for Follow-Up Visit for Scar Revision is not medically necessary.

**Stellate Ganglion Block Right Side for CRPS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 57, 104.

**Decision rationale:** According to MTUS guidelines, "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." According to MTUS guidelines, lumbar sympathetic block Recommended as indicated below. 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. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy. (Colorado, 2002) The patient was previously treated with Stellate Ganglion Block without clear and objective documentation of functional improvement. Except for pain, there is no other information submitted confirming the diagnosis of CRPS. Therefore, the request for Stellate Ganglion Block Right Side for CRPS is not medically necessary.