

<b>Case Number:</b>	CM15-0167587		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	07/23/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 53 year old female, who sustained an industrial injury on 07-23-2014. She reported injury to the right wrist. The injured worker was diagnosed as having right wrist pain; status post right wrist distal radius fracture with external fixator placement, and residual stiffness; right wrist ulnar styloid fracture, non-displaced; right wrist deformity; reflex sympathetic dystrophy upper limb; joint pain, shoulder; rotator cuff sprain; and right shoulder impingement. Treatment to date has included medications, ice, moist heat, diagnostics, splinting, massage, occupational therapy, physical therapy, and surgical intervention. Medications have included Norco, Ibuprofen, Naprosyn, Voltaren, Ultram, Gabapentin, topical compounded cream, and Omeprazole. A progress report from the treating provider, dated 08-12-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right shoulder pain; she is having physical therapy on her right hand and does not feel that her active range of motion is improving; she has reported coldness in her right forearm that started about two weeks ago; she has decreased but tolerable pain in her right wrist; Gabapentin is providing 50% pain relief and allows her to sleep through the night; she is not really getting benefit from the cream she is on; she reports decreased 3 out of 10 pain in the right wrist, described as coldness, numb, and tightness; she exercises daily by walking; and she is not currently working. Objective findings have included she is arthritic in the right shoulder; arthritic in the right wrist; there is a surgical scar in the right wrist; atrophy in the right forearm; decreased strength with right shoulder abduction; decreased grip strength right compared to left; limited and painful active range of motion of the right shoulder; and there is very limited active

range of motion of the right wrist with flexion, extension, and supination. The treatment plan has included the request for stellate block times 3, for the right shoulder.

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

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

**Stellate block times 3, for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 39.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) CRPS, sympathetic blocks (therapeutic).

**Decision rationale:** The claimant sustained a work injury in July 2014 with distal comminuted right radius and ulnar fractures treated with ORIF. Removal of fixation wires was done in September 2014. She is being treated for chronic right shoulder and hand pain. When seen, she reported right forearm coldness beginning two weeks before. She was unable to tolerate and air-conditioner which was causing increased pain. Gabapentin was being prescribed at a dose of 600 mg per day providing 50% pain relief. Physical examination findings included decreased and painful right shoulder and wrist range of motion. There was decreased right upper extremity strength. There were no sensory deficits. There was some residual right forearm atrophy. Authorization was requested for a series of stellate ganglion blocks. The assessment references findings of atrophy with temperature changes, allodynia, and dystrophic skin changes and color changes. The injections were to be done in conjunction with additional physical therapy treatments. Criteria for a cervical sympathetic (stellate ganglion) block include that there should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. In this case, there is no documentation of a positive diagnostic block. In terms of gabapentin, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended and no titration was being planned. She has a 50% improvement with this medication at 50% of the recommended dose. The requested series of blocks is not medically necessary.