

<b>Case Number:</b>	CM15-0201027		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	04/15/2003
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 49-year-old female, who sustained an industrial injury on 04-15-2003. She has reported injury to the neck, and bilateral upper extremities. The diagnoses have included cervical post-laminectomy syndrome, C4-C6; bilateral carpal tunnel syndrome; status post bilateral carpal tunnel release; right and left upper extremity complex regional pain syndrome (CRPS). Treatments have included medications, diagnostics, ice, acupuncture, physical-occupational therapy, home exercise program, right and left stellate ganglion blocks, and surgical intervention. Medications have included Norco, Nucynta, Topamax, Namenda, Zoloft, Valium, and Savella. A progress report from the treating provider, dated 09-23-2015, documented an evaluation with the injured worker. The injured worker reported that she is status post left stellate ganglion blocks times three in 08-2015; she is having at least 50-60% improvement of her symptoms; the pain has gone from a constant rating of 8-9 out of 10 in intensity, to 6 out of 10 in intensity with the blocks alone; the Norco, Nucynta, and Namenda have been denied; the blocks have been significantly helpful, but without the medications, she is still in large amounts of pain; she has been able to reduce her Norco after the injections; she took processed foods out of her diet, and her blood pressure has dropped; she feels much better, and this helped to pull her out of depression; she is making the appropriate lifestyle modifications to help with long term management of her pain, and the blocks help, but is still very uncomfortable without her medications. Objective findings included decreased cervical spine ranges of motion; motor strength is 5 out of 5 in the bilateral upper extremities, except in her forearms and hands, which is 4 out of 5 due to pain; right hand is weaker as compared to the left side due to pain;

allodynia to light touch and pinprick in both forearms and hands, reduced, and left greater than right now; and both hands are equally warm, without swelling and discoloration. The treatment plan has included the request for stellate ganglion blocks x 3. The original utilization review, dated 10-05- 2015, partially certified the request for stellate ganglion blocks x 3.

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

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

#### **Stellate ganglion blocks x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Stellate ganglion block. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary Online Version updated 09/08/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) CRPS, sympathetic blocks (therapeutic).

**Decision rationale:** The claimant has a history of a cumulative trauma work injury with date of injury in April 2003. She underwent bilateral carpal tunnel release surgery complicated by CRPS. In 2006, she underwent a multilevel cervical spine fusion. Treatments have included multiple cervical sympathetic blocks. In June 2015, medications included Norco and Nucynta. She underwent three left stellate ganglion blocks. When seen on 09/23/15, Norco and Nucynta had been denied. Without medications she reported being very uncomfortable and in a large amount of pain. Physical examination findings included a body mass index over 33. There was decreased cervical spine range of motion. There was bilateral forearm and hand allodynia with decreased hand strength bilaterally. There was guarding of both hands. There were no hair or nail abnormalities. Authorization is being requested for a series of three right-sided stellate ganglion blocks. A continued home exercise program is referenced. 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 evidence of a failure of medication management. Physical examination findings are that of allodynia and, although there is weakness, this is attributed to pain. There are no reported complaints that would fulfill the Budapest criteria. The requested repeat series of blocks is not medically necessary.