

<b>Case Number:</b>	CM15-0214378		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	04/21/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This is a 51 year old female who sustained an industrial injury on 4-21-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine disc protrusion, facet hypertrophy, brachial plexus injury and right carpal tunnel syndrome. Per the orthopedic evaluation dated 2-12-2015, the injured worker complained of constant moderate to occasionally severe neck pain in the base of the neck, greater to the right side. She had pain that radiated to the upper back and down the right arm to the hand with occasional numbness and tingling in the right arm, hand and fingers. There was decreased range of motion of the cervical spine. The treatment plan (2-12-2015) was to evaluate the pain syndrome in the right upper extremity with stellate ganglion block to confirm if there was any sympathetic mediated pain consistent with complex regional pain syndrome (CRPS). According to the progress report dated 9-17-2015, the injured worker complained of worsening neck pain along with popping, clicking, increased stiffness and limited motion. She reported radicular pain in the right arm down to the hand. She complained of right shoulder pain and right hand pain. She stated she drops objects. She also reported sensitivity in the right leg with pain, numbness and tingling down to the right foot and toes. The injured worker was to be placed on temporarily partial disability and was to return to work with restrictions on 9-21-2015. Objective findings (9-17-2015) revealed positive Spurling's test to the right upper extremity. Treatment has included surgery, external neurolysis and medications. Current medications (9-17-2015) included Soma and Norco. The original Utilization Review (UR) (10-16-2015) denied a request for a right stellate ganglion block.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right stellate ganglion block x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Complex regional pain syndrome (CRPS).

**Decision rationale:** Pursuant to the Official Disability Guidelines, right stellate ganglion blocks times one is not medically necessary. Recommendations are generally limited to diagnosis and therapy for complex regional pain syndrome. See the guidelines CRPS for additional details. In this case, the injured worker's working diagnoses are disc protrusion cervical spine; facet hypertrophy lumbar; brachial plexus injury; status post external neurolysis; right carpal tunnel syndrome; and CTR February 25, 2014. Date of injury is April 21, 2013. Request for authorization is September 17, 2015. According to a September 17, 2015 progress note, subjective complaints include neck pain with radicular symptoms and right-hand pain. Objectively there is cervical decreased range of motion with a positive Spurling's. Guideline recommendations generally limit stellate ganglion blocks to a diagnosis and treatment for complex regional pain syndrome. There is no mention or discussion of complex regional pain syndrome in the medical records. There is no clinical rationale for a right stellate ganglion block based on the clinical documentation in the progress note available for review. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and no documentation of CRPS, right stellate ganglion block times one is not medically necessary.