

<b>Case Number:</b>	CM15-0218325		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	02/13/2015
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 45 year old male, who sustained an industrial injury on 2-13-15. The injured worker was being treated for complex regional pain syndrome of right upper extremity post open reduction internal fixation. On 9-4-15, the injured worker complains of constant, moderate right wrist pain with radiation up the arm to the shoulder. He is unable to lift or carry anything, can do extremely light activity for 2 minutes and notes a lot of difficulty pulling or pushing anything. He is temporarily totally disabled. Physical exam performed on 9-4-15 revealed well-healed scar over distal forearm, significant pain with touching or palpation of the scar, significantly limited range of motion of right wrist and decreased sensation in median distribution in right hand with evidence of median nerve irritation at right wrist. Treatment to date has included open reduction internal fixation of right forearm-wrist, oral medications including Norco 7-325mg, Ibuprofen 600mg and Neurontin 100mg; occupational therapy, wrist splint, home exercise program and activity modification. On 9-11-15 request for authorization was submitted for right stellate ganglion block with fluoroscopic guidance and IV sedation. On 10-5-15 the request for right stellate ganglion block with fluoroscopic guidance and IV sedation was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Stellate Ganglion Block with Fluoroscopic Guidance and IV Sedation: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / CRPS, sympathetic blocks (therapeutic).

**Decision rationale:** Per CA MTUS/Chronic Pain, Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block): "Recommendations are generally limited to diagnosis and therapy for CRPS." With regard specifically to stellate ganglion blocks, CA MTUS guidelines state "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." ODG Pain / CRPS, sympathetic blocks (therapeutic) states "Recommend local anesthetic sympathetic blocks for limited, select cases, as indicated below. Not recommend IV regional anesthesia blocks. Local anesthetic sympathetic blocks: Recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy/ functional restoration. When used for therapeutic purposes the procedure is not considered a stand-alone treatment. The role of sympathetic blocks for treatment of CRPS is largely empirical (with a general lack of evidence-based research for support) but can be clinically important in individual cases in which the procedure ameliorates pain and improves function, allowing for a less painful 'window of opportunity' for rehabilitation techniques. (Harden, 2013) Use of sympathetic blocks should be balanced against the side effect ratio and evidence of limited response to treatment." In this case while there is evidence of a diagnosis of CRPS, there is no evidence that the proposed stellate ganglion block is being done as an adjunct to facilitate physical therapy/functional restoration. Per ODG guidelines, this block is not considered a stand-alone treatment. As this patient does not meet ODG guidelines, this stellate ganglion block is not medically necessary.