

<b>Case Number:</b>	CM15-0224010		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	06/11/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 64 year old female, who sustained an industrial injury on 6-11-2015. She reported wrist pain. The injured worker was diagnosed as having left distal radius fracture with open reduction, internal fixation done, pain in hand and stiffness of joint. Treatment to date has included diagnostic tests, medications, surgery and physical therapy. On the progress noted dated 9-28-15, the IW complains of "severe pain after surgery. She has experienced increasing burning pain in her left hand. She reports that it swells and turns different colors. She has decreased strength of the left hand compared to the right. She shies away from my touch, she states she does not like cold on her wrist and it causes severe pain. The orthopedic note dated 10-8-2015, the IW complains of "shoulder stiff almost 4 month post-surgery." The exam reveals very impaired range of motions with pain left shoulder. Her diagnosis is sympathetic dystrophy process going on. The physical therapy note dated 10-13-2015; the IW continues to have finger stiffness, especially in the morning. Pain 3-5 out of 10 with 10 being the worst. She has moderate difficulty with pushing up body weight, manipulating objects, turning and twisting objects, grasping and pinching objects from is down from severe noted on 9-14-2015. On exam, range of motion for the left wrist flexion is 50 degrees, wrist extension is 55 degrees, wrist ulnar deviation is 30 degrees, wrist radial deviation is 20 degrees, thumb opposition is mild impairment, full fist position of middle finger is moderate impairment and wrist supination is 70 degrees. There is mild to moderate tissue swelling. The UR decision, dated 10-16-2015, was modified from a left Stellate ganglion block injection times 2 to one ganglion block. The request for authorization, dated 11-2-2015 is for a left Stellate ganglion block injection times 2.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Stellate Ganglion Block x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 rationale:** The California MTUS section on regional nerve blocks states: Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block). Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment. The patient does not have the diagnoses of CRPS but does have symptoms and findings on physical exam suggestive of the possible diagnosis of CRPS. The request however is for 2 blocks and without evidence of benefit from an initial block, a second block cannot be determined to be medically necessary. Therefore, the request is not medically necessary.