

<b>Case Number:</b>	CM15-0040185		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 52-year-old female, who sustained a work related injury on 8/20/12. The diagnoses have included complex regional pain syndrome in bilateral upper extremities and status post right carpal tunnel release. Treatments to date have included stellate injection and modified activity. In the PR-2 dated 1/9/15, the injured worker complains of right elbow pain, burning and sensitivity. She has increased sensitivity in right forearm especially over the ulnar groove. There is hyperhidrosis and the elbow is slightly swollen. He was given a right stellate injection on 12/22/14 with excellent pain relief, now about 75% improved. The treatment plan is for authorization of a right cervical sympathetic injection under fluoroscopy and to follow up in two months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Cervical Sympathetic Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines sympathetic injections.

**Decision rationale:** The California MTUS section on sympathetic blocks states: Not recommended due to the lack of evidence and literature to support effectiveness. Typically only indicated for CRPS and thoracic blocks are specifically defined as not recommended. The patient does have CRPS and the request is a recommended service per the California MTUS. Therefore, the request is certified.

**Follow-Up Visit to Include HEP Instruction:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines sympathetic injections.

**Decision rationale:** The California MTUS section on sympathetic blocks states: Not recommended due to the lack of evidence and literature to support effectiveness. Typically only indicated for CRPS and thoracic blocks are specifically defined as not recommended. The patient does have CRPS and the request is a recommended service per the California MTUS. Therefore, the request is certified.