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| <b>Case Number:</b>   | CM15-0047443 |                              |            |
| <b>Date Assigned:</b> | 03/19/2015   | <b>Date of Injury:</b>       | 05/25/2014 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/12/2015 |

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old woman sustained an industrial injury on 5/25/2014. The mechanism of injury is not detailed. Diagnoses include dorsal radial carpal synovitis with fluid on dorsum of wrist, left hand contusion, chronic regional pain syndrome type I of left hand, neuropathic pain syndrome, and chronic myofascial pain syndrome. Treatment has included oral medications, stretching and strengthening of left wrist, and left side stellate ganglion block. Physician notes dated 3/2/2015 show severe pain to the left wrist and hand, left neck, and left shoulder and forearm rated 7-8/10. Recommendations include left side stellate ganglion block, left wrist arthroscopy, Tylenol #3, Capsaicin cream, continue Naproxen, Protonix, increase Neurontin, continue range of motion, stretching and strengthening of left wrist and left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Sided Stellate Ganglion Block, x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) [www.odg-twc.com](http://www.odg-twc.com); Section: Forearm, Wrist & Hand (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 57, 104.

**Decision rationale:** According to MTUS guidelines, "Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): 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". According to MTUS guidelines, lumbar sympathetic block Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy. (Colorado, 2002) Except for pain, there is no other information submitted confirming the diagnosis of CRPS. Edema and skin abnormalities are missing from the provider report. The diagnosis of entrapment neuropathy was not excluded. Therefore, the request for left sided Stellate Ganglion block is not medically necessary.