

<b>Case Number:</b>	CM15-0085396		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	06/13/2000
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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

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 57-year-old female injured worker suffered an industrial injury on 6/13/2000. The diagnoses included chronic regional pain syndrome right hand and arm. The diagnostics included electromyographic studies. The injured worker had been treated with medications. On 3/30/2015, the treating provider reported constant neck and arm pain the right arm/hand was swollen, mottled, cold and weak. The treatment plan included Brachial plexus stellate block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brachial plexus stellate block for CRPS of the right hand arm and hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block, Thoracic sympathetic blocks, Lumbar sympathetic blocks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks, p. 103. Decision based on Non-MTUS Citation ODG, Pain section, CRPS, Sympathetic blocks (therapeutic).

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that stellate ganglion blocks (SGB) (cervicothoracic sympathetic blocks) have limited evidence to support their

general use. These blocks are generally reserved for consideration in those with Complex Regional Pain Syndrome (CRPS) with sympathetic pain involving the face, head, neck, and upper extremities. They may also be considered for cases of post-herpetic neuralgia, pain from frostbite, circulatory insufficiency, traumatic/embolic occlusion, post-reimplantation, post-embolic vasospasm, Raynaud's disease, vasculitis, and scleroderma. Following any stellate ganglion block, testing for an adequate block should be completed and documented. The ODG states that a series of 3-6 blocks over 2-3 weeks. Repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch is documented to permit participation in physical therapy / occupational therapy. Sympathetic blocks are not a stand-alone treatment. There should be evidence of a participation in some form of physical therapy during the block treatments. In the case of this worker, who had received a previous right brachial plexus stellate block for CRPS-related pain in the hand on 5/14/13, there was insufficient evidence of how effective this injection or any other previous injections of this area (if there were others more recent) were regarding the functional outcome and pain level reduction and duration. As this information was not clearly included in any of the documentation provided for review, the request for "brachial plexus stellate block for CRPS of the right hand arm and hand" would be considered medically unnecessary at this time.