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| Case Number: | CM15-0234394 | | |
| Date Assigned: | 12/03/2015 | Date of Injury: | 12/26/2013 |
| Decision Date: | 01/12/2016 | UR Denial Date: | 10/29/2015 |
| Priority: | Standard | Application Received: | 10/30/2015 |

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 is a 52 year old female who sustained a work-related injury on 12-26-13. She reported an injury to her left hand and thumb and was diagnosed with sprain-strain of the hand and wrist. She was treated with Meloxicam 15 mg, Tramadol-Acetaminophen 37.5-325 mg, casting-strapping and provided a brace for her left wrist. Medical record documentation on 10-13-15 revealed the injured worker was being treated for complex regional pain syndrome. She reported left hand tenderness, swelling, redness, hypersensitivity and warmth. The evaluating physician noted that her examination suggested significant complex regional pain syndrome which was not improving. Objective findings included redness, warmth and hypersensitivity of the hands. She had some weakness associated with her pain and her grip strength was decreased from previous evaluations. The evaluating physician noted that "once she benefits from further stellate ganglion blocks that the grip strength will return." An EMG-NCV of the bilateral upper extremities on 9-29-15 revealed mild to moderate entrapment neuropathy involving the median nerve the carpal tunnel bilaterally. A request for stellate ganglion blocks with moderation sedation and fluoroscopy Quantity 4 was received on 10-23-15. On 10-29-15, the Utilization Review physician determined stellate ganglion blocks with moderation sedation and fluoroscopy Quantity 4 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion blocks with moderate sedation and fluoroscopy QTY: 4: 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: Stellate ganglion block is a cervicothoracic sympathetic block. There is limited evidence to support this procedure. Indications include diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Sympathetic mediated pain would be present in CRPS, post-herpetic neuralgia, frostbite, and conditions with circulatory insufficiency. Recommendations for therapeutic sympathetic block are as follows. Sympathetic blocks are recommended in limited select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy. There is low quality literature to support this procedure. Results were inconsistent and/or extrapolation of questionable reliability with inconclusive evidence to recommend for or against the intervention. Recommendations (based on consensus guidelines) for use of sympathetic blocks are as follows: (1) There should be evidence that all other diagnoses have been ruled out before consideration of use. (2) There should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. (3) If a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase (1.5 C and/or an increase in temperature to > 34 C) without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should occur. This is particularly important in the diagnostic phase to avoid overestimation of the sympathetic component of pain. A Horner's sign should be documented for upper extremity blocks. The use of sedation with the block can influence results, and this should be documented if utilized. (4) Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled (See #1-3). These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. (5) In the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks. These blocks are generally given in fairly quick succession in the first two weeks of treatment with tapering to once a week. Continuing treatment longer than 2 to 3 weeks is unusual. (6) In the therapeutic phase 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 (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment. (7) There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase. (8) In acute exacerbations of patients who have documented evidence of sympathetically mediated pain (see #1-3), 1 to 3 blocks may be required for treatment. (9) A formal test of the therapeutic blocks should be documented (preferably using skin temperature). In this case, documentation does not support that Budapest Criteria have been

met to establish the diagnosis of CRPS. In addition prior treatment with stellate ganglion block was unsuccessful. Stellate ganglion block is not medically necessary.