

<b>Case Number:</b>	CM14-0112923		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/12/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 38-year-old female with a 6/12/11 injury date. She injured her right wrist while lifting and carrying a patient who was on a backboard. About a half hour later, she could not make a fist and her extremity showed color changes, pain, and sweating and numbness. In a 4/22/14 follow-up, subjective complaints include neck pain and upper extremity pain. Objective findings include improvement in cervical range of motion, positive Adson's test on the left, right hand allodynia, and left hand stiffness and color changes. In a 6/3/14 follow-up, subjective complaints include worsening stiffness, severe pain, and right wrist discoloration. Objective findings include right upper extremity supraclavicular and scapular edema, severe tenderness over the infraclavicular, supraclavicular, and scapular areas, muscle spasms at the right scalene and left trapezius, and a positive Adson's maneuver on the right. In a follow-up on 7/15/14, the provider notes that the patient has not benefited from any interventions to date including physical therapy. A left shoulder MRI on 8/13/13 showed rotator cuff tendinosis. A brachial plexus MRI (date not provided) showed thoracic outlet syndrome. Diagnostic impression: brachial plexopathy, chronic pain syndrome, thoracic outlet syndrome. Treatment to date: physical therapy, stellate ganglion blocks X 2 which did provide significant relief, medications, trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right scalene block:** 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) Shoulder Procedure Summary last updated 04/25/2014.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter.

**Decision rationale:** CA MTUS supports a scalene muscle block as an aid in the clinical differentiation of primary sources of pain and weakness in the upper limb when the differential diagnosis includes thoracic outlet syndrome. In the present case, there appears to be sufficient clinical and imaging evidence of thoracic outlet syndrome. The clinician cites this procedure as helping both therapeutically but also diagnostically in that it would determine the extent of sympathetically-mediated pain. Therefore, the request for right scalene block is medically necessary.

**Right stellate ganglion block:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 Page(s): 39. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

**Decision rationale:** CA MTUS states that repeated stellate ganglion blocks are only recommended if continued improvement is observed. In addition, ODG criteria include increased range of motion, pain and medication use reduction and increased tolerance of activity and touch in physical therapy/occupational therapy, as well as evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block. Furthermore, ODG supports up to 6 blocks and 1 to 3 blocks for acute exacerbations. In the present case, there have been at least two prior stellate ganglion blocks which provided significant relief. There continues to be ongoing physical therapy, which has resulted in improved cervical range of motion. Therefore, the request for right stellate ganglion block is medically necessary.