

<b>Case Number:</b>	CM14-0122306		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/13/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 49-year-old gentleman was reportedly injured on April 13, 2014. The most recent progress note, dated July 11, 2014, indicated that there were ongoing complaints of swelling of the right forearm and hand. There were also complaints of stress and depression due to lack of improvement. Current medications include a Medrol dose pack, Norco, and Mobic. The physical examination demonstrated swelling and erythema of the right forearm. There was significant tenderness and allodynia of the right hand and wrist. Range of motion was stated to be improved. Diagnostic imaging studies indicated a suspicion of a pathological fracture of the wrist. Previous treatment included therapy and oral medications. A request had been made for a stellate ganglion block every week for six weeks and was not certified in the pre-authorization process on July 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Stellate Ganglion Block Every Week for 6 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic Blocks Page(s): 39.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103.

**Decision rationale:** A review of the medical records indicates that there is a possible pathological fracture of the wrist with the bone marrow edema seen on imaging. If this is the source of the injured employee's pain, a stellate ganglion block would not be indicated. Until there is further investigation in regards to the injured employee's wrist, this request for cervical stellate ganglion block once a week for six weeks is not medically necessary.