

<b>Case Number:</b>	CM14-0132687		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 and Rehabilitation, Pain 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:

The injured worker is a 40-year-old male who reported an injury on 04/20/2012. The mechanism of injury was noted to be a crush injury between a heavy guide arm and a metal beam. His diagnosis was noted to be reflex sympathetic dystrophy of the upper limb. Prior treatments were noted to be medications and a sympathetic nerve block. The injured worker had a clinical evaluation on 05/02/2014. Within the Primary Treating Physician's Progress Report he had subjective complaints of discomfort, pain and weakness in the right hand and wrist. He also noted left upper extremity aching pain due to compensating for impaired right upper extremity. The injured worker was noted to use Norco for pain control. He was noted to have had a sympathetic nerve block with immediate 50% reduction in right upper extremity pain as well as improved flexibility of the upper extremity. The beneficial effects persisted for 2 days before returning to preinjection levels. The objective findings noted localized coolness of the right hand skin. The right upper extremity had edema. Strength test in the right hand revealed gross strength 2/5 and tenderness in the ulnar aspect. Neurological exam revealed reflexes on the right: biceps 2/4, triceps 2/4 and brachioradialis 2/4. The treatment plan was for Norco, a sympathetic nerve block, and a return to modified working. The rationale for the request was provided within the documentation submitted for review. The Request for Authorization form was provided and dated 05/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**T-2 Sympathetic Ganglion Nerve Block: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39.

**Decision rationale:** The request for T2 sympathetic ganglion nerve block is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend sympathetic blocks only as indicated for a limited role, primarily for diagnoses of sympathetically mediated pain and as an adjunct to facilitate physical therapy. These are recommended only when continued improvement is observed. Less than 1/3 of patient's with CRPS are likely to respond to sympathetic nerve blocks. No controlled trials have shown any significant benefit from sympathetic blockade. According to the documentation submitted for review, the sympathetic nerve block in the request is not accompanied by physical therapy. The injured worker does not have sympathetically mediated pain documented. Repeat blocks are only recommended if continued improvement is observed. Therefore, the request for T2 sympathetic ganglion nerve block is not medically necessary.