

<b>Case Number:</b>	CM14-0139082		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/29/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 case involves a 46 year old female with a work injury dated 3/29/13. The diagnoses include internal derangement - right shoulder; cervical spine radiculitis; right upper extremity complex regional pain syndrome (CRPS). Under consideration is a request for right shoulder ganglion block. A hand written note from 08/04/ 14, describing continued pain that states a significant improvement with a recent ganglion blockade. There is a primary treating physician report dated 6/17/14, that states that the patient has had a nerve block that helped for 10 days. The document also stated that the patient has had a nerve block done. However, it helped for only 4 days when the pain returned and still radiated down the right arm. On exam, the gait is normal. There is tenderness and spasm in the traps and weakness in the right shoulder with decreased right shoulder range of motion. The treatment plan states trigger point injections and Neurontin are recommended. A 3/31/ 14 pain management document states that interscalene sympathetic blocks are being done and 12 have been approved This is an alternative to stellate ganglion blocks. The blocks should last 10 days. The patient should be taking Neurontin and doing PT in between blocks. A 3/26/14 document states that the patient had a ganglion block last month which decreased the pain for one week and then it returned. The document states that the patient showed improvement with the block but needs a series of blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Ganglion Block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks and epidural blocks Page(s): 103 and 104.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block (SGB) (Cervicothoracic sympathetic bloc Page(s): p.103. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder- Regional anesthesia (for shoulder surgeries) Other Medical Treatment Guideline or Medical Evidence: Ann Phys Rehabil Med. 2010 Aug-Sep;53(6-7):406-16. doi: 10.1016/j.rehab.2010.06.002. Epub 2010 Jul 2. Use of continuous interscalene brachial plexus block and rehabilitation to treat comple regional pain syndrome of the shoulder.

**Decision rationale:** Right shoulder ganglion block is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Guidelines states that there is limited evidence to support stellate ganglion block (SGB) (Cervicothoracic sympathetic block), with most studies reported being case studies. The documentation indicates that interscalene blocks were being performed on this patient. The documentation indicates the patient has had several blocks already without long lasting results, furthermore, the documentation is conflicting. There is a primary treating physician report dated 6/17/14, that states that the patient has had a nerve block that helped for 10 days. The document then goes on to state that the patient has had a nerve block but that it helped for only 4 days when then the pain returned. A 2010 article in the annals of Physical Medicine and Rehabilitation states that interscalene brachial plexus block and rehabilitation may be a good option for patients with complex regional pain syndrome (CRPS) type 1 of the shoulder and who are refractory to standard therapies. The Official Disability Guidelines (ODG) states that interscalene block is the most commonly used block for shoulder surgery. The documentation does not indicate that the patient is having shoulder surgery. The documentation does not indicate what standard therapy the patient has received for this condition. The request does not indicate what type of block is being given. Therefore, the request for right shoulder ganglion block is not medically necessary.