

<b>Case Number:</b>	CM14-0145850		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Texas and Oklahoma. 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 68-year-old female who reported an injury on 01/07/2011. The mechanism of injury was not provided. On 08/04/2014, the injured worker presented with right shoulder pain. On examination, the injured worker had petechiae. She elevated to 100 degrees and abducts to 70 degrees with an external rotation of 20 degrees. An x-ray of 2 views of the left shoulder revealed reverse total shoulder arthroplasty with minimal notching. Prior therapies were not provided. The provider recommended a stellate ganglion block; the provider's rationale was not provided. The Request for Authorization form was dated 08/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stellate ganglion blocks to be done once every two months for the next twelve months, (6 blocks): Upheld**

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

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

**Decision rationale:** The California MTUS states that stellate ganglion blocks are indicated for CRPS (complex regional pain syndrome). There is limited evidence to support the procedure

with most studies reported being case studies. There should be a duration of symptoms greater than 16 weeks before the initial stellate ganglion block therapy. The provider does not indicate the site at which the stellate ganglion block is indicated for in the request as submitted. Additionally, the provider's rationale for recommending 6 blocks without positive documented efficacy of the prior ganglion blocks was not provided. As such, medical necessity has not been established.