

<b>Case Number:</b>	CM14-0146162		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/22/2014
<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 Plastic Surgery/ Hand Surgery and is licensed to practice in Oregon. 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 patient is a 27-year-old male whose date of injury is 10/30/2012. On this date his right thumb was caught in the opening of a machine. Treatment to date includes right thumb exploration, neurectomy of dorsal cutaneous nerve, extensor pollicis longus tenolysis, interphalangeal joint capsulotomy, metacarpophalangeal joint capsulotomy, interphalangeal joint manipulation under anesthesia, metacarpophalangeal joint manipulation under anesthesia on 09/04/13. Office visit note dated 05/24/14 indicates that current medications are Lyrica and ibuprofen. On physical examination there is tenderness and spasm over the upper and mid-trapezitis. Spurting sign is negative. There is a laceration on the nail bed from the crush injury to the right thumb. There is a healed incision on the proximal phalanx. There is tenderness over the thenar eminence of the right thumb. There is decreased sensation on the right C6 through 08 dermatomes. There is hypersensitivity, hyperhidrosis and allodynia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Stellate Ganglion x2 for CRPS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks Page(s): 303-304.

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

**Decision rationale:** Recommendations for the use of sympathetic blocks are listed below. They are recommended for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. It should be noted that sympathetic blocks are not specific for CRPS. See Sympathetically maintained pain (SMP). Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade. Based on MTUS, the request is not supported. MTUS does not support a role for stellate ganglion blocks for the treatment of CRPS. As noted, "No controlled trials have shown any significant benefit from sympathetic blockade."