

<b>Case Number:</b>	CM14-0183049		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	02/25/2009
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 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:

This patient sustained an injury on 2/25/09 while employed by [REDACTED]. Request(s) under consideration include Right stellate ganglion block and Urine drug test. Report of 9/30/14 from the provider noted the patient with ongoing chronic pain and stiffness in the right shoulder blade rated at 7/10 radiating down right arm and digits with associated numbness, tingling, and decreased range. Medications list Tylenol and Naproxen. Exam of right shoulder showed pain in AC joint; moderate hyperhidrosis in right upper extremity from hand to shoulder with coldness at wrist/elbow; right shoulder with decreased range; positive lateral epicondylar right elbow sign; diffuse decreased 4/5 strength in upper extremity. The patient has had two prior stellate ganglion blocks with noted unquantifiable significant relief. The request(s) for Right stellate ganglion block and Urine drug test were non-certified on 10/28/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right stellate ganglion block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines CRPS, sympathetic stellate ganglion blocks Page(s): 39-40.

**Decision rationale:** The provider does not specify or provide measurable objective findings or diagnoses consistent with diagnostic criteria for CRPS. Guidelines specify different stages of CRPS with symptoms of spontaneous burning and/or aching pain, more pronounced hyperpathia and or allodynia with clinical signs of sympathetic over-activity including reduced blood flow, sudomotor changes, increased edema, cyanotic skin, possible muscle wasting, initial increase then decrease in hair and nail growth, with osteoporosis of x-rays, not identified here. The patient's symptomatology and clinical findings do not establish possible CRPS. In addition, there is no focused conservative trial of physical modalities including desensitization, isometric exercises, resisted range of motion, and stress loading attempted. Per Guidelines, Stellate ganglion blocks are only recommended for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy although sympathetic blocks are not specific for CRPS. It is recommended that repeated blocks are only recommended if continued improvement is observed as 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 with less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade and no controlled trials have shown any significant benefit from sympathetic blockade. Although the patient has noted relief from previous stellate ganglion blocks, submitted reports have not demonstrated specific pain relief in VAS level, increased ADLs, decreased medical utilization or functional change from previous treatment rendered to support repeating the blocks recommended for diagnostic purposes. The Right stellate ganglion block is not medically necessary and appropriate.

**Urine drug test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** Conservative care has included physical therapy, injections, and medications (listed Tylenol and Naproxen). MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who is currently being prescribed Naproxen and Tylenol, both non-opiates. Presented medical reports from provider have unchanged chronic severe pain symptoms with unchanged clinical findings. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support the UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine drug test is not medically necessary and appropriate.

