

Case Number:	CM14-0213236		
Date Assigned:	12/30/2014	Date of Injury:	07/02/1997
Decision Date:	02/25/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 53 year old female with an injury date of 07/02/97. As per progress report dated 10/23/14, the patient complains of chronic pain related to complex regional pain syndrome type I in her right upper extremities. Apart from numbness, tingling and pain in the upper extremities, she also suffers from headaches. The pain is rated as 10/10 without medications and 8/10 with medications. Physical examination reveals equal but decreased deep tendon reflexes in both upper and lower extremities. Examination of the cervical spine shows tenderness to palpation in the paraspinal muscles along with flexion at 40 degrees, bilateral lateral flexion at 30 degrees, hyperextension at 55 degrees, and bilateral rotation at 55 degrees. There is decreased motor strength in bilateral upper and lower extremities. Sensation is reduced in bilateral C5, C6, C7 and left C8 distribution. Tinel's, Phalen, Finkelstein's and carpal compression tests are positive. In progress report dated 09/22/14, the patient complains of constant headaches. The patient is status post multiple elbow surgeries with significant left ulnar nerve dysfunction despite normal electrodiagnostic studies, and status post probable intrinsic tendon transverse for left ulnar nerve palsy (dates not mentioned), as per progress report dated 07/03/14. Medications, as per progress report dated 10/23/14, include Norco, Floricet, Gabapentin, Omeprazole, Simvastatin, and Valium. The patient also uses wrist braces, as per the same report. Diagnoses. 10/23/14:- Degeneration of cervical intervertebral disc- Cervicalgia- Brachial neuritis or radiculitis NOS- Pain in soft tissues of limb- Pain in joint, shoulder region- Reflex sympathetic dystrophy of the upper limb- Headache- Other acute reactions to stress- Other syndromes affecting cervical region- Other nerve root and plexus disorders- Unspecified neuralgia, neuritis and radiculitis-

Unspecified hereditary and idiopathic peripheral neuropathyThe treater is requesting for 1 LEFT STELLATE GANGLION BLOCK. The utilization review determination being challenged is dated 12/12/14. Treatment reports were provided from 05/05/14 - 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left stellate ganglion block: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympa.

Decision rationale: The patient presents with chronic pain related to complex regional pain syndrome type I in her right upper extremities, as per progress report dated 10/23/14. The request is for 1 left stellate ganglion block. The patient suffers from numbness, tingling and pain in bilateral upper extremities along with headaches, as per the same progress report. MTUS, page 39-40 states: "CRPS, sympathetic and epidural blocks. Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. 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." "Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; poor coping skills; Litigation." MTUS page 103-104 also states: "Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. "In this case, the patient has been diagnosed with CRPS. In progress report dated 05/05/14, the treater requests for an extension of left stellate ganglion block authorization as the patient has not been able to undergo the procedure due to GI issues. In progress report dated 06/02/14, the treater states that the patient has responded favorably to the SGB performed on the right a few months ago with greater than 60-70% relief. The patient is, however, experiencing similar pain in the left now, hence will proceed with a repeat block on the left. An operative report dated 06/30/14 states that there are indications of Left arm / upper extremity pain, however the list of procedures in the operative report includes right stellate ganglion block and fluoroscopy. In progress report dated 07/30/14, the treater requests for repeat left Stellate Ganglion Block, as the results are best for her when performed together. The treater repeats the request in subsequent reports. In progress report dated 10/23/14, the treater states that the patient relies heavily on SGB for relief from headaches. She routinely obtains SGBs with >50-60% pain relief and improvement for about 6 weeks from these procedures, the report states. It is being assumed that the 06/30/14 SGB was on the left side and the treater is requesting for a repeat on the same side. Based on documentation of greater than 50

to 60% pain relief and the patient's reliance on SGB rather than medications, which lead to GI upset, a repeat SGB appears reasonable. This request is medically necessary.