

<b>Case Number:</b>	CM14-0216902		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 worker is a 37 year old female who was injured on 6/6/12. She was diagnosed with left carpal tunnel syndrome and complex regional pain syndrome. She was treated with wrist bracing, stellate ganglion block (3/6/14), medications, carpal tunnel release, acupuncture, massage therapy, and physical therapy. The stellate ganglion block reportedly reduced her pain by about 50%, but for only a few days before wearing off. Following other stellate ganglion blocks, she developed post-procedure hypertension. The most recent progress note provided by the worker's provider dated prior to the request for repeat stellate ganglion block was from 8/12/14 and included the worker reporting worsening symptoms of pain in her left wrist and hand since her Lyrica and Norco prescriptions had lapsed. There was mild edema, sensitive Tinel's sign, and tenderness of the left wrist/hand. She was then recommended to continue her medications. She was also recommended to transfer care to a pain specialist. A few months later, a request for a series of repeat stellate ganglion blocks (not numbered) was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stellate ganglion block series (quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sym).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103. Decision based on Non-MTUS Citation Pain section, CRPS, Sympathetic blocks (therapeutic)

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that stellate ganglion blocks (SGB) (cervicothoracic sympathetic blocks) have limited evidence to support their general use. These blocks are generally reserved for consideration in those with Complex Regional Pain Syndrome (CRPS) with sympathetic pain involving the face, head, neck, and upper extremities. They may also be considered for cases of post-herpetic neuralgia, pain from frostbite, circulatory insufficiency, traumatic/embolic occlusion, post-reimplantation, post-embolic vasospasm, Raynaud's disease, vasculitis, and scleroderma. Following any stellate ganglion block, testing for an adequate block should be completed and documented. The ODG states that a series of 3-6 blocks over 2-3 weeks. Repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch is documented to permit participation in physical therapy/occupational therapy. Sympathetic blocks are not a stand-alone treatment. There should be evidence of a participation in some form of physical therapy during the block treatments. In the case of this worker, although there was some reported short-lived benefits with prior blocks, there was a reported hypertensive response at least once. Also, there was no documented evidence of functional improvements seen related to these blocks. The request for repeat blocks was made, however, the number of injections and duration of time of therapeutic phase was not included in the request. Therefore, considering the reasons above, the stellate ganglion block series will be considered medically unnecessary.