

Case Number:	CM14-0030401		
Date Assigned:	06/20/2014	Date of Injury:	09/19/2001
Decision Date:	03/17/2015	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/10/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 54 year old female, who sustained an industrial injury on 9/19/2001. The diagnoses have included CRPS (complex regional pain syndrome), reflex sympathetic dystrophy of the upper limb, carpal tunnel syndrome and ulnar nerve lesions. Treatment to date has included right and left hip Stellate ganglion blocks, pain medications, work modifications and home exercises. Acupuncture is pending approval. Currently, the IW complains of chronic bilateral upper extremity pain secondary to CRPS. She reports pain starts in her upper extremities and goes into her hands. She is having more pain and stiffness in the morning. Objective findings included a normal non-antalgic gait. On 2/13/2014, Utilization Review non-certified a request for a left stellate ganglion block under fluoroscopic guidance with IV sedation noting that the amount of pain relief was not clearly documented. The MTUS and ODG were cited. On 3/10/2014, the injured worker submitted an application for IMR for review of left stellate ganglion block under fluoroscopic guidance with IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Stellate Ganglion Block Under Fluoroscopic Guidance With IV Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline: Pain

(Chronic), Procedure Summary- Procedure/Topic: Regional Sympathetic Blocks (Stellate Ganglion Block, Thoracic Sympathetic Block, & Lumbar Sympathetic Block)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, CRPS

Decision rationale: Pursuant to the Official Disability Guidelines, left stellate ganglion block under fluoroscopic guidance with IV sedation is not medically necessary. Sympathetic nerve blocks, diagnostic are recommended in a limited role for diagnosis of sympathetically mediated pain with the understanding that sympathetic blocks are not specific for CRPS. Less than one third of patients with CRPS are likely to respond to sympathetic blockade. There are no signs or symptoms to predict block success. The use of sympathetic blocks for diagnostic purposes in CRPS 1 is based on previous hypotheses concerning involvement of sympathetic nervous system as a pathophysiologic cause of the disease. Recommendations (based on consensus guidelines) for use of sympathetic blocks (diagnostic block recommendations are included here, as well as in CRPS, diagnostic tests. There should be evidence that all of the diagnosis have been ruled out before consideration of use; this should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfill; if the sympathetic block is utilized for diagnosis there should be evidence the block fulfills criteria for success including skin temperature after the block shows sustained increase (great event or equal to 1.5 C and or an increase in temperature greater than 34C) without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should occur. This is particularly important in the diagnostic phase to avoid overestimation of the sympathetic component of pain. The use of sedation with the block can influence results and this should be documented if utilized.; The therapeutic use of sympathetic blocks is only recommended in cases that have a positive response to diagnostic blocks and diagnostic criteria are fulfilled. These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation; and the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks. Repeat blocks should only be undertaken if there is increased range of motion, pain medication use are reduced and there is increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/occupational therapy. Sympathetic blocks are not a stand-alone treatments to me: it should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during therapeutic phase; etc. for additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are Reflex Sympathetic Dystrophy of upper limb; carpal tunnel syndrome; and lesion ulnar nerve. The injured worker relates subjective benefit with the prior stellate ganglia block from July 2013. The left stellate ganglia block was done in September 2013, but is back to baseline. The worker states there is left upper extremity burning, numbness and tingling. Subjective pain VAS scores are 5/10 with medications. Objectively, there is slight mottling of the left-hand with allodynia. She has hypersensitivity to touch the entire left upper extremity. Fingertips are cold on the left compared to the right. The treating physician has not provided evidence of objective improvement, only subjective improvement relayed by the injured worker. The documentation does not indicate whether there was a lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. Documentation doesn't indicate whether sedation was utilized during the prior stellate ganglion blocks. The amount of pain relief was not clearly documented. A review of the previous records

indicated there was no significant decrease in the VAS scores and there was some question of its efficacy. There is no indication of increased range of motion or pain medication use reduction nor is there increased activity tolerance (decreased allodynia) documented to permit participation in physical therapy/occupational therapy. Consequently, absent clinical documentation with objective improvement as a result of prior stellate ganglion blocks along with documentation indicating a lack of response to conservative treatment, left stellate block ganglion under fluoroscopic guidance with sedation is not medically necessary.