

<b>Case Number:</b>	CM15-0011954		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 was a 32 year old male, who sustained an industrial injury on 10/18/13. He sustained a right index finger laceration while working with a bread slicer. Primary closure of the laceration was performed in the emergency room. He had on-going pain and symptoms complaints and was unable to resume normal work activities. MRI and radiographic findings were unremarkable. He was subsequently diagnosed with complex regional pain syndrome type I secondary to digit nerve injury of the right second digit. Conservative treatment included activity modification, massage therapy, hand therapy, over-the-counter anti-inflammatory medication, and a glove. A trial of gabapentin was prescribed but the patient was extremely anxious regarding using this medication and did not try it. Psychological testing on 9/2/14 was broadly elevated across multiple indices. Overall, testing indicated some reactive depression secondary to the injury, and some somatic preoccupation. The 12/17/14 treating physician report cited burning pain in the right index finger, with numbness and tingling, intermittent swelling, and discoloration of this digit. He was unable to fully flex the index finger. He experienced electric shock-like sensation in this finger with gripping activities. Pain was exacerbated by any touch, movement, or use. The pain was improved by rest, ibuprofen and wearing a glove. Physical exam of the right index finger documented decreased distal mid-portion sensation, well-healed laceration scar, some swelling, and some mottling of the distal tip. There was allodynia with light touch to the hand. Finger range of motion was significantly limited in distal interphalangeal and proximal interphalangeal flexion. He had a microsurgery consult but was not found to be a surgical candidate. Treatment options included hand therapy, spinal cord stimulator, stellate

ganglion block and functional restoration program. On December 17, 2014, the primary treating physician requested stellate ganglion block at the right index finger. December 19, 2014, the utilization review denied authorization for stellate ganglion block at the right index finger. The utilization Reviewer referenced MTUS and ODG guidelines for the decision.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Stellate Ganglion Block at right index finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks, Regional Sympathetic Blocks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block Page(s): 108. Decision based on Non-MTUS Citation Pain: Stellate ganglion block; CRPS, sympathetic blocks (therapeutic); CRPS, treatment

**Decision rationale:** The California MTUS Chronic Pain Guidelines recommend stellate ganglion blocks generally limited to the diagnosis and treatment for complex regional pain syndrome (CRPS). Guidelines state that there is limited evidence to support this procedure. The Official Disability Guidelines recommend a hierarchy of options for CRPS treatment and state that there is currently no intervention for CRPS that can be considered to be supported by strong evidence of efficacy. The recommended treatment hierarchy includes rehabilitation, psychological treatment, and pain management, beginning with pharmaceutical treatment. Specific criteria for the use of sympathetic blocks include all other diagnoses have been ruled-out, and the Budapest (Harden) criteria have been evaluated for and fulfilled. Therapeutic use of sympathetic blocks is recommended in cases where there is positive response to diagnostic blocks and diagnostic criteria have been fulfilled. Guideline criteria have not been met. There is clinical evidence that the patient satisfies the Budapest criteria for the diagnosis of CRPS. There is no evidence that a full course of first line conservative treatment, including pharmaceutical intervention or psychological treatment, has been tried and failed. Detailed evidence of occupational/physical therapy was not submitted. Therefore, this request is not medically necessary at this time.