

<b>Case Number:</b>	CM15-0018502		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 40-year-old female with an industrial injury dated March 4, 2013. The injured worker diagnoses include tendinoligamentous injury of right wrist, carpal tunnel syndrome of the right wrist, right wrist derangement, reflex sympathetic dystrophy/ complex regional pain syndrome of upper limb, posttraumatic, adjustment reaction with depression and anxiety secondary to chronic pain and disability, chronic pain and disability with delayed functional recovery, insomnia and right hand contusion. She has been treated with radiographic imaging, diagnostic studies, prescribed medications, home exercise therapy, consultation and periodic follow up visits. According to the progress note dated 10/23/2014, the injured worker reported intermittent right hand pain, unchanged since previous visit. The treating physician noted tenderness to palpitation in the right wrist with positive Tinel's sign. Documentation also noted a decrease temperature over the hand. The treating physician prescribed services for right stellate block pending #1 injection now under review. Utilization Review determination on 12/29/2014 denied the request for right stellate block pending #1 injection, citing MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right stellate block pending #1 injection:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic, Procedure summary-Pain: Regional sympathetic blocks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 39, 103 of 127.

**Decision rationale:** The injured employee has a known history of chronic regional pain syndrome of the right upper extremity. The most recent progress note dated January 15, 2015 indicates that current medications include Nucynta, which is stated to be helpful for her symptoms however, it is unclear what objective pain relief is achieved with the use of this medication. Pain varies from 4-7/10. The treatment plan on this date recommended continuation of tizanidine and Nucynta. The California MTUS guideline recommends stellate ganglion blocks for both diagnostic and therapeutic purposes in the treatment of CRPS. Considering the injured employee is experiencing only partial success with oral medications, this request for a right-sided stellate ganglion block is medically necessary.