

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0117646 |                              |            |
| <b>Date Assigned:</b> | 06/26/2015   | <b>Date of Injury:</b>       | 09/19/2012 |
| <b>Decision Date:</b> | 07/27/2015   | <b>UR Denial Date:</b>       | 05/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/18/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 37-year-old female who sustained a work related injury September 19, 2012. While working as a forklift operator, she developed pain in her neck radiating to the right shoulder, arm and hand, due to repetitive movement. Treatment to date included; physical therapy x 12 sessions, acupuncture x 8, and cervical steroid injections without benefit. An MRI of the cervical spine, dated January 30, 2015, (report present in the medical record) revealed multi-level desiccation, multi-level disc bulges C4-5 to C6-7, no definitive evidence of herniated disc but there is mild effacement on the ventral surface of the thecal sac and mild central stenosis due to borderline developmental spinal stenosis. An MRA of the right shoulder, dated February 6, 2015, (report present in the medical record) revealed a Type II SLAP tear, and mild diffuse rotator cuff tendinosis without tear. According to a primary treating physician's progress report, dated April 16, 2015, the injured worker presented with constant moderate pain of the right shoulder with radiating pain, numbness, and tingling, from the right side of the cervical spine and down the bilateral arm. She reports some relief with pain medication. Current medications included Norco as needed, Soma, and ibuprofen. Objective findings included; allodynia, hyperesthesia, range of motion limitations, diminution of function of the right upper extremity. Diagnoses are shoulder joint arthropathy, SLAP tear; complex regional pain syndrome, right shoulder, right upper extremity. At issue, is the request for a right stellate ganglion block under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Stellate Ganglion Block under Fluoroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Complex regional pain syndrome (CRPS) blocks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 103. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-CRPS, sympathetic blocks (therapeutic).

**Decision rationale:** Right Stellate Ganglion Block under Fluoroscopy is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that recommendations such as stellate ganglion block are generally limited to diagnosis and therapy for CRPS. The MTUS adds that the stellate ganglion block (SGB) (Cervicothoracic sympathetic block) has limited evidence to support this procedure, with most studies reported being case studies. The ODG states that prior to performing this procedure there should be evidence that all other diagnoses have been ruled out before consideration of use. The documentation indicates that the patient has a SLAP tear in the right shoulder and a history of cervical spine issues. The documentation states that the patient should not have surgery without a psyche evaluation. The documentation does not evidence of a psyche evaluation. Given that the stellate ganglion block is an invasive procedure, the patient has not had a psyche eval, the the stellate ganglion block has limited evidence in the literature for support at this time the request is not medically necessary.