

<b>Case Number:</b>	CM15-0119295		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	05/08/2004
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, 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 49 year old female, who sustained an industrial injury on 05/08/2004, secondary to pulling a pallet resulting in hearing a pop, crack and felt extreme pain causing her to fall on the floor. On provider visit dated the injured worker has reported right leg spasm and numbness. On examination, the lumbosacral spine revealed an antalgic gait, using a single pint cane for assistance. Severed tenderness was noted over the L4-L5 area. Right knee was noted to have slight swelling and gait was noted with an awkward posture to avoid pressure on the right knee. There was severe tenderness noted. Throughout knee anteriorly, posteriorly in popliteal fossa and medial and lateral joint lines. The diagnoses have included status post knee arthroscopy surgery and reflex sympathetic dystrophy right side. Treatment to date has included medication. MRI on 03/06/2015 of right knee abnormal appearance of the marrow with diffuse fatty change. Significant patellofemoral osteoarthritis, mild patellar tendinopathy, gracile appearance of both the anterior and posterior cruciate ligaments and minimal truncation, free edge of the posterior junctional zone, lateral meniscus. The provider requested ganglion block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ganglion block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome, Lumbar sympathetic block Page(s): 35-41, 57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 57, 104.

**Decision rationale:** According to MTUS guidelines, Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects. According to MTUS guidelines, lumbar sympathetic block Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy.(Colorado, 2002)In this case, there is no documentation confirming the diagnosis of CRPS. In addition, there is no documentation about an ongoing rehabilitation process to support the ganglion block. Therefore, the request for Ganglion block is not medically necessary.