

<b>Case Number:</b>	CM15-0170500		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	05/31/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 29 year old female, who sustained an industrial injury on May 31, 2014. The injured worker was diagnosed as having right upper extremity complex regional pain syndrome secondary to crush injury. Treatment and diagnostic studies to date has included right stellate ganglion block, medication regimen, and acupuncture. In a progress note dated August 05, 2015 the treating physician reports complaints of continued, significant pain to the right hand and has difficulty performing simple tasks with the use of her right hand. Examination reveals hyperesthesia to the dorsum of the right hand, pain with range of motion to the right hand, cold sensation to the right hand compared to the left, and more prominent venous vascularity noted to the right hand. The treating physician noted that prior right stellate ganglion block performed on July 22, 2015 provided no improvement in symptoms. The treating physician noted benefit from prior acupuncture sessions. On August 05, 2015 the treating physician requested a right stellate ganglion block per the injured worker's request. On August 11, 2015 the Utilization Review non- approved the request for a right stellate ganglion block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right stellate ganglion block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Stellate ganglion block.

**Decision rationale:** The California MTUS section on stellate ganglion blocks states: Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment. Detailed information about stellate ganglion blocks, thoracic sympathetic blocks, and lumbar sympathetic blocks is found in Regional sympathetic blocks. The patient does have a diagnosis of CRPS. However previous stellate ganglion block produced not significant benefit in pain or function. Therefore the request is not medically necessary.