

<b>Case Number:</b>	CM15-0061138		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	03/07/1997
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Florida

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 51 year old female who sustained an industrial injury on 03/07/97. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include pain in the bilateral elbows, wrists, and all fingers. Current diagnoses include reflex sympathetic dystrophy syndrome, shoulder pain, arm pain, wrist and elbow pain. In a progress note dated 03/11/15 the treating provider reports the plan of care as medications including tramadol, Voltaren gel, Lidoderm patch, flexeril; and a right stellate ganglion block. The requested treatment is 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:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 103-105.

**Decision rationale:** MTUS guidelines state that, "Recommendations are generally limited to diagnosis and therapy for CRPS." Regarding this patient's case, she does have a diagnosis of reflex sympathetic dystrophy. RSD is a clinical diagnosis that may be supplemented by digital temperature, three-phase bone scan, and digital radiographs of the hand. A positive response to a regional sympathetic block is also considered diagnostic. This patient previously had an 80% pain relief response to her last regional sympathetic block. This pain relief lasted for up to 2 months. Documentation does clinically suggest that she has Reflex Sympathetic Dystrophy. Likewise, this request is considered medically necessary.