

<b>Case Number:</b>	CM15-0062497		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	06/11/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47 year old male, who sustained a work related injury, after falling 8 feet from scaffolding, June 11, 2014. He was diagnosed with a distal radius fracture and left ulnar fracture, was splinted and reduced in the emergency room, with planned surgical repair in a week. On June 17, 2014, he underwent an open reduction and internal fixation of a left distal radius fracture. According to the treating physician's follow-up visit report, dated March 5, 2015, the injured worker presented with complaints of severe burning pain, rated 6-7/10, shooting in the left forearm and arm with tingling, numbness, and paresthesia. He reports excessive perspiration in the left hand and even a slight touch with a t-shirt increases the burning in the left hand. Diagnoses included s/p left distal radius fracture and ulnar styloid fracture; left-sided carpal tunnel syndrome; CRPS (complex regional pain syndrome) type 1 left hand; left wrist deQuervain's tenosynovitis; left hand carpopedal muscle spasm. Treatment plan included a request for authorization for a left-sided stellate ganglion block to rule out sympathetically mediated pain or CRPS type 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Sided Stellate Ganglion Block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) - CRPS, sympathetic and epidural blocks Page(s): 38-39. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), 8 C.C.R. 9792.20 - 9792.26 Page(s): 103-104 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, CRPS, sympathetic blocks (therapeutic).

**Decision rationale:** Regarding the request for stellate ganglion block, Chronic Pain Medical Treatment Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. ODG state that there should be evidence that all other diagnoses have been ruled out before consideration of use, as well as evidence that the Budapest criteria have been evaluated for and fulfilled. The guidelines go on to state that if a sympathetic block is utilized for diagnosis, there should be evidence that the block fulfills criteria for success including increased skin temperature after injection without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should also occur. For therapeutic injections, guidelines state that they are only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Within the documentation available for review, the patient has a history of ORIF after a distal radius fracture with complaints of severe burning pain, tingling, numbness, and paresthesia, excessive perspiration, and allodynia. In light of the above, the currently requested stellate ganglion block is medically necessary.