

<b>Case Number:</b>	CM15-0067787		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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  
 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 48 year old female, who sustained an industrial injury on October 30, 2014. She reported a left hand and wrist pain from repetitive motion over three weeks, thumb and second finger pain. The pain radiated into the shoulder. The initial treatment included a thumb spica and non-steroidal anti-inflammatory medication. Her initial diagnosis was left thumb tendinitis. The injured worker was currently diagnosed as having overuse syndrome of the left upper extremity, left upper extremity complex regional pain syndrome, and medication induced gastritis. Treatment to date has included x-rays, physical therapy, work modifications, analgesic medication, and a combination non-steroidal anti-inflammatory/proton pump inhibitor medication. On March 17, 2015, the injured worker complains of constant left thumb pain. Associated symptoms include a cold thumb, slight discoloration of the hand, numbness, tingling, sensitivity, weakness, and increased pain with use of the upper extremity. In addition, she complains of dyspepsia related to analgesic use. The physical exam revealed left elbow tenderness, full elbow range of motion, diffuse left wrist and hand tenderness, and the left hand was cold especially over the tips of the thumb and index finger. The treating provider noted intermittent edema, impaired motor function, allodynia, hyperalgesia, and pain that is disproportionate to any inciting event. The treatment plan includes a left stellate ganglion block X2 and an additional 12 sessions of occupational therapy for the left hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional occupational therapy (12 visits) for the left hand:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, the worker completed some physical therapy, but with reported lack of improvement. Also, if this is incorrect and the worker was seeing improvement, it was not documented and there was no indication that she was unable to continue physical therapy at home unsupervised. Therefore, the additional occupational therapy (12 visits) to the left hand will be considered medically unnecessary.

**Left stellate ganglion block x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103. Decision based on Non-MTUS Citation ODG, Pain section, CRPS, Sympathetic blocks (therapeutic).

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that stellate ganglion blocks (SGB) (cervicothoracic sympathetic blocks) have limited evidence to support their general use. These blocks are generally reserved for consideration in those with Complex Regional Pain Syndrome (CRPS) with sympathetic pain involving the face, head, neck, and upper extremities. They may also be considered for cases of post-herpetic neuralgia, pain from frostbite, circulatory insufficiency, traumatic/embolic occlusion, post-reimplantation, post-embolic vasospasm, Raynaud's disease, vasculitis, and scleroderma. Following any stellate ganglion block, testing for an adequate block should be completed and documented. The ODG states that a series of 3-6 blocks over 2-3 weeks. Repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch is documented to permit participation in physical therapy/occupational therapy. Sympathetic blocks are not a stand-alone treatment. There should be evidence of a participation in some form of physical therapy during the block treatments. In

the case of this worker, there was clear localized carpal tunnel nerve impingement with possible complex regional pain syndrome, and it would be reasonable to consider an injection of the left stellate ganglion. However, one injection would be sufficient to learn if a repeat would be warranted, rather than requesting 2 injections at once. Therefore, the request for 2 left stellate ganglion block injections will be considered medically unnecessary.