

<b>Case Number:</b>	CM15-0069945		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Massachusetts

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 54 year old female who sustained an industrial injury on 01/22/2014. Diagnoses include pain in limb, reflex sympathetic dystrophy of the upper limb, chronic pain syndrome, and encounter for long term use of other medications. Treatment to date has included diagnostic studies, medications, and physical therapy. A physician progress note dated 03/24/2015 documents the injured worker has right wrist pain and right hand pain. She has a stabbing pain in her wrist which is worse than the hand. Palpation of the region reveals prominent areas of tenderness in the region concordant with the patient's described area of pain. Deep palpation results in distal radiation of the pain. There is globally and regional reduced range of motions. There are palpable taut bands in the area of the pain. There appears to be soft tissue dysfunction and spasm on the upper extremity region. Sensation of the area reveals allodynia and hypersensitivity throughout the affected area. There is swelling present. The treatment plan is for adjunctive medications in addition to just opiates, use opiates sparingly for pain control and function, stellate injections, and the injured worker will need a psych screening and urine screens if she remains on opiates. Treatment requested is for 3 right stellate Injections for complex regional pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Right Stellate Injections for complex regional pain syndrome: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous Regional Sympathetic Blocks. Decision based on Non-MTUS Citation Intravenous Regional Sympathetic Blocks; Pain Chapter: Stellate Ganglion block; complex regional pain syndrome.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), CRPS, sympathetic blocks (therapeutic).

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic right upper extremity pain. When seen, there were no physical examination findings that support a diagnosis of CRPS. Criteria for consideration of a stellate ganglion block including that the Budapest Criteria have been assessed and fulfilled. In this case, other than for a complaint of disproportionate pain, none of the criteria is met. Therefore, the requested series of blocks is not medically necessary.