

<b>Case Number:</b>	CM15-0079277		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	06/04/1991
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 58 year old female, who sustained an industrial injury on 6/4/91. She reported initial complaints of right upper extremity. The injured worker was diagnosed as having RSD upper limb. Treatment to date has included status post right carpal tunnel release (no date); stellate ganglion blocks in the 1990's and again 3/12/14. Diagnostics included MRI arthrogram right wrist (2/11/14). Currently, the PR-2 notes dated 3/18/15 indicated the injured worker complains of severe right wrist with aggravating factors including changes in positions, daily activities, extension, flexion, lifting, pushing, twisting, rolling over bed, twisting hand, scrubbing. Relieving factors include "Nothing, water reduces some of the pain". Pain scores without medications is 10/10 and with medications a 7/10. A MRI arthrogram right wrist (2/11/14) reveals a tear of the central aspect of the TFCC adjacent to the lunotriquetral joint. The documentation notes the injured worker has the first stellate ganglion block in the 1990's and 3/12/14. She felt 10% benefit from the latest block and had no functional improvement whatsoever. She is reluctant to have a spinal cord stimulator and has already gone through a formal pain program. She believes she has tried and failed Methadone. She is now on "high dose COAT to the tune of 540 MEQ per day with lots of issues like somnolence and the like, less than ideal." Her physical examination reveals positive Spurling suggestive of a cervical entrapment and is unknown whether or not her neck has been worked up. Her right third and fourth fingers are cold at the tips and are blueish in hue. She has decreased sensory perception of the right C5-6 dermatomes. The provider notes that in such cases, one may not have classical RSD or CRPS but a sympathetic component. The provider is requesting a stellate ganglion nerve block.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Stellate ganglion nerve block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines stellate block Page(s): 107.

**Decision rationale:** The California MTUS section on stellate 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 has the diagnosis of CRPS and therefore the request is medically necessary.