

<b>Case Number:</b>	CM14-0036671		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61-year-old male who reported an injury on 07/30/2009; the mechanism of injury was not provided. On 03/17/2014, the injured worker presented with neck pain. Upon examination, there was tenderness to palpation to the left neck and supraclavicular region and Allodynia to the left clavicle. There was decreased range of motion of the left shoulder and lateral rotation of the left cervical spine. There was weakness of grip strength. The diagnoses were carpal tunnel syndrome; osteoarthritis, unspecified, of the shoulder region; pain in the joint of the shoulder region; cervicgia; and degenerative cervical intervertebral disc. Prior therapy included medications. The provider recommended an ultrasound-guided left stellate ganglion block. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided left stellate ganglion block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks Stellate Ganglion Block, Thoracic Sympathetic Block and Lumbar Sympathetic Block, page 103-104.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** The California MTUS/ACOEM Guidelines state that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. The evidence supporting such an approach is not overwhelming, and the total number of injections should be limited to 3 episodes, allowing for assessment of benefit between injections. There was a lack of evidence of a failure to respond to conservative treatment for 2 to 3 weeks. The provider's request for a left stellate ganglion block does not indicate the site that the request is indicated for. As such, the request is not medically necessary.

**Medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Pre-Op, General.

**Decision rationale:** The Official Disability Guidelines state that preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities and physical examination findings. Injured workers with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. An alternative to routine preoperative testing for the purposes of determining fitness for anesthesia and identifying injured workers at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. The included medical documentation lacked evidence of physical exam findings and clinical history that would indicate a high surgery risk for the injured worker. As such, the request is not medically necessary.