

<b>Case Number:</b>	CM13-0001585		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	12/29/2004
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2013

### 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 & Rehabilitation, and is licensed to practice in California. 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 patient is a 30-year-old female who has submitted a claim for Complex Regional Pain Syndrome Type I, left lower extremity, associated with an industrial injury date of December 29, 2004. Medical records from 2013 were reviewed, which showed that the patient complained of constant right arm, bilateral leg, neck, bilateral shoulder, bilateral buttock, bilateral hip, right hand, left knee, and low back pain, described as sharp, aching, cramping, shooting, throbbing, dull, burning, stabbing, and electrical, rated 5-9/10. Pain is made worse by physical activity, stress, weather changes, and no sleep while it is made better by sleep, rest, medication, ice, and changing positions. On physical examination, the patient ambulated using a one-point cane and had an antalgic gait. No peripheral edema was noted. The left lower extremity was cool with change of color and was slightly mottled. Treatment to date has included medications, physical therapy, aqua therapy, cortisone injections, and two lumbar sympathetic blocks (2007; 2009). Utilization review from July 8, 2013 denied the request for left lumbar sympathetic block for her left lower extremity pain because the most recent evaluation did not adequately describe physical symptoms related to lower extremity pain and there was no documentation whether the patient has previously undergone these injections and what the previous results were.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT LUMBAR SYMPATHETIC BLOCK FOR HER LEFT LOWER EXTREMITY PAIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines REGIONAL SYMPATHETIC BLOCKS Page(s): 103-104.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39, 57, 104.

**Decision rationale:** According to pages 39, 57, and 104 of the CA MTUS Chronic Pain Medical Treatment Guidelines, lumbar sympathetic blocks are useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. However, there is limited evidence to support this procedure, with most studies being case studies. Furthermore, sympathetic therapy should be accompanied by aggressive physical therapy to optimize success. In addition, repeat blocks are only recommended if continued improvement is observed. In this case, the patient previously underwent two lumbar sympathetic blocks (2007; 2009). The first lumbar sympathetic block she received did not help while the second lumbar sympathetic block gave her 70% pain relief. The duration of pain relief provided by the block was not documented. Furthermore, guidelines state that aggressive physical therapy should accompany sympathetic blockade; however, there is no documentation of on-going physical therapy at this time. There is no clear indication for sympathetic therapy at this time; therefore, the request for LEFT LUMBAR SYMPATHETIC BLOCK FOR HER LEFT LOWER EXTREMITY PAIN is not medically necessary.