MAXIMUS Federal Services

Case Number:	CM13-0008102		
Date Assigned:	03/24/2014	Date of Injury:	09/27/2011
Decision Date:	08/21/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/06/2013

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 Illinois. 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 37-year-old female who reported an injury on 09/27/2011. The mechanism of injury was noted as a slip and fall. A documented clinical note dated 05/20/2014. The injured worker complained of right knee pain radiating up and down the leg as well as pain from the lower back radiating down the right leg. The physical examination of the lower back revealed diffuse tenderness, range of motion bends 45 degrees. Straight leg raising was positive on the right at 60 degrees. The physical examination of the right knee showed crepitus on patellofemoral compression with a palpable sub patellar defect. Neurological examination of the lower extremities revealed proximal and distal motor strength was grossly normal. Sensation was intact to light touch and pinprick throughout. Deep tendon reflexes were symmetrical in the knee, ankle, and posterior tibial tendon. Within the documentation provided, a magnetic resonance imaging of the lumbar spine was performed on 05/10/2013, which revealed degenerative disc disease and facet arthropathy with levoscoliosis and retrolisthesis. The L5-S1 right paracentral protrusion and annular fissure was seen without canal stenosis or neural foraminal narrowing. Within the documentation submitted for review, an electromyography (EMG) and nerve conduction velocity (NCV) was performed on 04/04/2013. The examination noted impression was an abnormal study. Decreased amplitude of the right peroneal motor response is likely due to atrophy of the EDB. This may be caused by the right L5/S1 radiculopathy vs peroneal neuropathy at the ankle and no electro diagnostic evidence of generalized peripheral neuropathy affecting the lower limbs. The clinical note dated 05/20/2014 noted the injured worker's diagnoses included right knee anterior cruciate ligament tear, right knee subpatellar chondral defect, status post right knee arthroscopic surgery and right lumbar radiculopathy, L5-S1 level. Within the documentation submitted for review, the previous treatments included stretching, physical therapy, home exercise, activity modification, Trans

electrical nerve stimulation (TENS) unit, and medication. The clinical note dated 05/20/2014 listed the medication as Norco 10/325 mg. The provider requested lumbar sympathetic blocks quantity 3. The request for authorization form was dated 03/24/2014. The rationale for the requested treatment was not included within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SYMPATHETIC BLOCKS, QTY 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Block Page(s): 35, 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block and lumbar sympathetic block) Page(s): 103-104.

Decision rationale: The request for lumbar sympathetic blocks, quantity 3, is not medically necessary. The injured worker has a history of low back and right knee pain. The California MTUS Guidelines state that sympathetic blocks are generally limited to diagnosis and therapy for complex regional pain syndrome (CRPS). The guidelines further state that there is limited evidence to support lumbar sympathetic blocks, with most studies reported being case studies. Additionally, the guidelines state that the sympathetic therapy should be accompanied by aggressive physical therapy to optimize success. The California MTUS Guidelines also state that repeated blocks are only recommended if continued improvement is observed. The injured worker has a history of participation in physical therapy and home exercise. However, there is a lack of documentation to indicate if physical therapy was prescribed for the lumbar region and how many sessions have been completed. Additionally, there is also a lack of documentation to indicate that with the sympathetic block the injured worker would be participating in a physical therapy regimen specific for the lumbar region. The request was for a quantity of 3 lumbar sympathetic blocks and as stated with the guidelines, repeated blocks are only recommended with documentation of continued improvement; therefore, this request for lumbar sympathetic block, quantity 3 is not medically necessary.