

<b>Case Number:</b>	CM13-0013230		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	09/18/2006
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 physician 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 54-year-old male who reported an injury on 09/18/2006 after he sustained third-degree burns from hot coolant for a radiator hose and developed complex regional pain syndrome type II. Treatment history includes physical therapy, sympathetic injections, and medications. The patient's most recent evaluation documented current pain levels at 5/10 to 6/10 interfering with the patient's ability to ambulate. Clinical findings included allodynia and hypersensitivity over the previous skin graft region and slight discoloration of the left knee with vasomotor tone. The patient's diagnoses included status post burn trauma of the left lower extremity, status post skin graft with chronic neuropathic pain, and complex regional pain syndrome type II of the left lower extremity. The patient's treatment plan included additional therapeutic lumbar sympathetic injections and continuation of oral medications. ∆∆

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lumbar sympathetic blocks x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, section on Lumbar Sympathetic Blocks Page(s): 104.

**Decision rationale:** The clinical documentation submitted for review does provide evidence that the patient previously received lumbar sympathetic blocks to control the patient's complex regional pain syndrome. The most recent clinical documentation indicates the patient had significant benefit as result of the injections received in 03/2012. However, the clinical documentation included an evaluation from 08/2012 that documented the patient did not receive adequate pain relief or significant benefit from that injection. As the efficacy of the prior treatment is unable to be determined, additional lumbar sympathetic blocks would not be indicated. Additionally, the MTUS Chronic Pain Guidelines recommend lumbar sympathetic blocks be administered as an adjunct therapy to physical active therapy. The clinical documentation submitted for review does not provide any evidence that the patient currently is participating in any active therapy to include a home exercise program. As such, the request for left lumbar sympathetic blocks x3 is not medically necessary and appropriate.