

<b>Case Number:</b>	CM13-0015202		
<b>Date Assigned:</b>	10/08/2013	<b>Date of Injury:</b>	12/22/2010
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Occupational 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic regional pain syndrome, sacroiliac joint pain, low back pain, and foot and ankle reportedly associated with an industrial injury of December 22, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; two prior lumbar sympathetic blocks in February 2013; adjuvant medications; topical agents; and extensive periods of time off of work. In a Utilization Review Report of August 9, 2013, the claims administrator denied a request for five sympathetic blocks, citing a lack of improvement with prior blocks. An earlier clinical progress note August 21, 2013 is notable for comments that the applicant last worked in October 2010. The applicant is thinking about visit the emergency department for pain shots intermittently, it is stated. The applicant is on Norco, Valium, soma, Lidoderm and neuropathic creams. The applicant states that overall pain levels interfere with activities and function. The applicant is hyperventilating, tearful, and reporting severe pain localizable to the low back. Lumbar sympathetic blocks and eight sessions of physical therapy are endorsed. Soma, Elavil, Valium, and Tylenol with Codeine are all likewise endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar sympathetic blocks time 5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

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

**Decision rationale:** As noted on page 57 of the MTUS Chronic Pain Medical Treatment Guidelines, a positive response to pain blocks includes the presence of both pain relief and functional improvement. In this case, however, there is no indication or evidence that the claimant has effected any lasting benefit, pain relief or functional improvement through the prior lumbar sympathetic pain blocks. The applicant has failed to return to any form of work, several years removed from the date of injury. The applicant remains highly reliant on various mediations and medical treatments. All of above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f through the prior sympathetic blocks. Therefore, the request is not certified.