

Case Number:	CM13-0022297		
Date Assigned:	11/13/2013	Date of Injury:	03/06/2001
Decision Date:	02/07/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/10/2013

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 Emergency Medicine and is licensed to practice in New York. 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 62-year-old male who suffered an injury on March 6/02. The patient complained of persistent low back pain and numbness/tingling in his feet. Diagnoses included lumbar radiculopathy, chronic low back pain, and chronic regional pain syndrome. MRI done on 7/31/13 showed herniated disc at L3-4, L4-45, and L5-S1. Treatments included medications and home exercises. Requests for authorization for lumbar sympathetic block and Medrol dose pack were submitted on August 1, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

A lumbar sympathetic block at the left L2 vertebra: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 35-41.

Decision rationale: Lumbar sympathetic blocks are recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy. When used for therapeutic purposes the procedure is not considered a stand-alone treatment. The role of sympathetic blocks for treatment of CRPS is largely empirical

(with a general lack of evidence-based research for support) but can be clinically important in individual cases in which the procedure ameliorates pain and improves function, allowing for a less painful "window of opportunity" for rehabilitation techniques. Use of sympathetic blocks should be balanced against the side effect ratio and evidence of limited response to treatment. Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. In this case there is no documentation that the patient was experiencing sympathetically mediated pain.

Medrol dose pack: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: Medrol Dose pack is a steroid medication. ACOEM guidelines state that oral corticosteroids are not recommended for low back complaints.