

<b>Case Number:</b>	CM13-0029806		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	12/07/1993
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Anesthesiologist, 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 59 year old injured worker who reported an injury on December 07, 1993. The mechanism of injury was not provided. The patient's current diagnoses include post-laminectomy syndrome, lumbar radiculopathy and complex regional pain syndrome. The patient has a spinal cord stimulator that has needed several revisions and is being managed by a pain clinic. The patient continues to experience chronic pain in the low back and lower extremities, but reports being functional in relation to their pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lumbar sympathetic block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-104.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend lumbar sympathetic blocks primarily for diagnosis of sympathetically mediated pain, and are not specific for CRPS. Guidelines also state that aggressive physical therapy should accompany this procedure. Pain and evidence of circulatory insufficiency of the legs is

indication for a lumbar sympathetic block. This includes arteriosclerotic disease, rest pain, ischemic ulcers, diabetic gangrene, and pain following an arterial embolus. According to the last clinical note provided dated December 04, 2013, the patient exhibits 5/5 muscle tone to the bilateral lower extremities, 2+ reflexes, and none of the remaining symptoms indicates a need for the procedure. There is also no adjunct plan for physical therapy provided in the records. The request for a lumbar sympathetic block is not medically necessary and appropriate.