

Case Number:	CM13-0030094		
Date Assigned:	11/27/2013	Date of Injury:	08/01/2005
Decision Date:	01/31/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/26/2013

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 Addiction Deicine and Toxicology has a subspecialty in Pediatrics 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:

47 yr old female who was working in healthcare facility with continual injury starting on 2005. She developed numbness, tingling of the upper extremities and also pain of the neck that radiates to the back. One of the diagnoses entertained were Complex regional pain syndrome . Patient has undergone Physical therapy, numerous interventional pain procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Para-vertebral Sympathetic Block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39-42.

Decision rationale: MTUS 2009 guidelines and other evidence based medicine does not substantiate medical necessity for the Lumbar sympathetic block. In a review it is documented that patients suffering from CRPS refractory to conventional treatment and sympathetic blocks, plexus brachialis block or continuous epidural infusion analgesia coupled with exercise therapy may be tried (2 C+). Spinal cord stimulation is recommended if other treatments fail to improve pain and dysfunction (2 B+). Alternatively peripheral nerve stimulation can be considered,

preferentially in study conditions (2 C+). As per MTUS 2009, page 39, it is mentioned that only 1/3 rd of patient respond to lumbar sympathectomy. Furthermore, patient has undergone multiple procedures and may have achieved a stationary and plateau phase with regard to her pain treatment options.