

Case Number:	CM13-0031418		
Date Assigned:	12/04/2013	Date of Injury:	05/17/2009
Decision Date:	01/28/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Inteventional Spine, 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:

Patient is a 49 year old female, with a date of injury of 05/17/2009. The patient has diagnoses of post laminectomy syndrome, lumbar radiculopathy, lumbar spine degenerative disc disease, and complex regional pain syndrome (CRPS) lower extremity. The patient is status post left L3-5 microdiscectomy dated 03/25/2010. According to report dated 06/26/2013, the patient complains of lower back pain (LBP). The pain is described as constant and 10/10 in severity, with some relief of pain with Medrox patches, topical cream, and pain medications. The treating physician states patient's pain is likely to be mechanical, neuropathic in nature, and recommends a left lumbar sympathetic block to address patient's neuropathic pain. Prior report, dating 05/28/2013, states patient continues to have chronic back pain that is sharp and radiates down to left leg. The patient was directed to continue medication and transcutaneous electrical nerve stimulation (TENS) unit. The patient noted she would like to proceed with sympathetic block. On 05/16/2013, an electrodiagnostic test was performed with results showing consistent with chronic bilateral lumbar radiculopathies, and carpal tunnel syndrome of the right hand with mild diffuse peripheral neuropathy. It was further noted that the study was suboptimal, as the patient moved quite a bit during testing. The Agreed Medical Evaluation (AME) report, dated 03/12/2013, examined the patient's left foot in question. The AME saw "expression of mild discomfort with deep palpation about the dorsum of the foot." "The left foot is noted to be slightly hypersensitive. There is no swelling... range of motion tests are within normal limits." He supported primary treater's recommendation of trying a sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Left Lumbar Sympathetic Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103.

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

Decision rationale: The patient has diagnoses of post laminectomy syndrome, lumbar radiculopathy, lumbar spine degenerative disc disease, and CRPS lower extremity. The medical records provided show patient's prior treatments included epidural steroid injections (ESIs) x4 without relief (last one in 2012), extensive physical therapy post microdiscectomy dated 03/25/2010, and a trial of spinal cord stimulator (which failed). The patient's medications include Percocet, Lyrica, and Zanaflex. The treater has asked for a trial of a lumbar sympathetic block for a presumed diagnosis of complex regional pain syndrome (CRPS) of left leg. However, the patient does not have a traumatic origin. The patient suffers from radiculopathies with history of lumbar surgery. Most importantly, the Agreed Medical Evaluation (AME) examination findings, as noted under summary, do not show any evidence of CRPS of the left foot. The AME documents "mild discomfort with deep palpation...slight hypersensitivity," but no swelling, stiffness, dysesthesia, erythema, or any range of motion issues. This patient does not carry a diagnosis of CRPS. The MTUS defines CRPS by presence of an initiating noxious event, allodynia, hyperalgesia, evidence of edema, changes in skin blood flow or abnormal sudomotor activity in the pain region; diagnosis excluded by other conditions that would account for the symptoms. In this patient, radiculopathy adequately explains the patient's leg/foot symptoms. There are no edema, skin changes, sudomotor activities. There is no noxious event or cause of immobilization. Therefore, the recommendation is for denial.