

<b>Case Number:</b>	CM13-0046007		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/30/2006
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional 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 expert 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 55 year old with an injury date on 9/30/06. Based on the 10/16/13 progress report provided by [REDACTED] the diagnoses are: 1. lumbar radiculitis 2. left knee pain 3. myositis/myalgia 4. chronic pain, other 5. status post left knee TKA; history of gastric bypass Exam on 10/16/13 showed tenderness to palpation in left lower extremity, moderate swelling in left knee, and range of motion of left knee decreased due to pain. Allodynia noted in left lower extremity. L-spine showed range of motion moderately reduced secondary to pain per 5/29/13 report. [REDACTED] is requesting left lumbar sympathetic block. The utilization review determination being challenged is dated 10/21/13 due to lack of documentation of sympathetically medicated pain and blocks used in addition to physical therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 2/23/12 to 12/11/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT LUMBAR SYMPATHETIC BLOCK:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines X Chronic Pain Medical Treatment Guidelines Regional sympathetic blocks (stellate ganglion block).

**Decision rationale:** This patient presents with right knee pain increased with walking, rated 7/10 without meds, 10/10 with meds and is s/p left knee arthroplasty from 1/26/12. The treater has asked left lumbar sympathetic block on 10/16/13 "for differential diagnosis and treatment of sympathetic pain involving the lower extremity." Patient has completed post-op physical therapy and is independently ambulating without assistance, but still has pain with weight bearing activities per 3/25/12 report. 12/6/13 report states patient can only ambulate for 1 mile with pain. Review of the reports do not show any evidence of sympathetic blocks being administered in the past. ACOEM regards invasive techniques for the lumbar of questionable merit, but does note value of injections for transition between acute and chronic phase of pain. MTUS guidelines recommend lumbar sympathetic blocks accompanied with aggressive physical therapy for CRPS. Patient has not attempted other modalities besides medications and post-op physical therapy, and hasn't had therapy since 3/25/12 most likely due to pain in ambulation and weight-bearing. Due to failure of other conservative modalities, and presenting symptoms that include allodynia, swelling, joint stiffness, hall-marks of sympathetic mediated pain, the requested left lumbar sympathetic block is appropriate for patient's persistent knee pain. Recommendation is for authorization.