

Case Number:	CM13-0050000		
Date Assigned:	12/27/2013	Date of Injury:	07/07/2006
Decision Date:	02/28/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/08/2013

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, and is licensed to practice in Oklahoma and Texas. 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:

This is a 60-year-old male patient who reported an injury on 07/07/2008. The patient is diagnosed with pain in a joint of the shoulder region and pain in a joint of the lower extremity. There was no clinical documentation submitted for this review. Therefore, there is no evidence of a recent physical examination by the requesting provider on the requesting date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic right lumbar sympathetic block with IV sedation/anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: California MTUS Guidelines state regional sympathetic blocks are recommended, and are generally limited to a diagnosis and therapy for CRPS. There is limited evidence to support lumbar sympathetic blocks, with most studies reported being case studies only. Indications include circulatory insufficiency of the lower extremity, claudication, ischemic ulcers, diabetic gangrene, frostbite, CRPS, and phantom pain. There is no documentation of a recent physical examination provided for this review. Therefore, it is unknown whether the

patient meets criteria as outlined by California MTUS Guidelines for a lumbar sympathetic block. There is no documentation of significant anxiety or a fear of needles that would warrant the need for IV sedation/anesthesia. There is also no evidence of this patient's active participation in aggressive physical therapy to be used in conjunction with lumbar sympathetic blocks. Based on the lack of clinical documentation submitted for this review and the California MTUS Guidelines, the request is non-certified.