

<b>Case Number:</b>	CM13-0050207		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/15/1999
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 Occupational 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 applicant has filed a claim for chronic neck and low back pain associated with an industrial injury of December 15, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior lumbar fusion surgery with subsequent revision; and adjuvant medications. In a December 9, 2013 appeal letter, the attending provider writes that the applicant is not working. She is having neck pain radiating to bilateral upper extremities and low back pain radiating to bilateral feet. The applicant is also concurrently seeing a psychiatrist. The applicant has allodynia and tenderness to palpation about the feet. It is stated that complex regional pain syndrome may be one of the diagnoses present here. It is stated that the applicant has many signs of having developed complex regional pain syndrome about the left lower extremity. A lumbar sympathetic block is again endorsed. On December 2, 2013, it appears that home health caregiver was sought. On October 11, 2013, the attending provider wrote that the applicant had persistent lower extremity pain consistent with her history of prior tibial and fibular fractures. Lower extremity allodynia was described. The applicant was again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar sympathetic block:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39.

**Decision rationale:** As noted on page 39 of the MTUS Chronic Pain Medical Treatment Guidelines, sympathetic blocks are tepidly endorsed for the diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. In this case, the attending provider had postulated that the applicant in fact carries a diagnosis of chronic regional pain syndrome. The attending provider has seemingly sought a lumbar sympathetic block so as to try and confirm said diagnosis of chronic regional pain syndrome. This is an approved indication for lumbar sympathetic blocks, per page 39 of the MTUS Chronic Pain Medical Treatment Guidelines. The request is certified, on Independent Medical Review.