

<b>Case Number:</b>	CM13-0051646		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/24/2011
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Orthopedic Surgery 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 claimant is a 57-year-old female who was injured in a work related accident on December 24, 2011. The clinical records reviewed include a recent October 8, 2013 pain management assessment where the claimant was noted to be with continued neuropathic pain to the left lower extremity. There was a current diagnosis of a lumbar strain. Physical examination findings showed an antalgic gait, dysesthesias and allodynia marked over the lateral calf with molting. It indicates the claimant had failed previous conservative measures including medication management, therapy, activity restrictions and documentation of a prior series of sympathetic injections that did help reduce pain related complaints and improved function. At present, there is request for continued use of sympathetic injections for a series of three, once per week for three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR SYMPATHETIC INJECTION 1 SERIES LUMBAR SYMPATHETIC INJECTION SERIES OF 3 (1WK X 3WKS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks Section Page(s): 103.

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the role of regional sympathetic blockade in this case would not be supported. While taking into account the claimant's limited short term benefit with previous sympathetic blockade series, Guideline criteria in regards to lumbar sympathetic blocks indicates that there is "limited evidence to support this procedure with most studies reported being case studies". It gives limited evidence to support the procedure to the cervicothoracic setting. The acute need of further lumbar sympathetic blockades given the claimant's current clinical picture and lack of documentation of significant long term improvement with previous blockade, it would not be indicated. The request is not medically necessary or appropriate.