

<b>Case Number:</b>	CM13-0054474		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 patient is a 36-year-old female who reported an injury on 09/27/2011. The mechanism of injury was noted to be the patient slipped on cardboard and landed on a concrete floor. The patient was noted to have a right knee surgery in 05/2012. The most recent physical examination revealed the patient had an overly sensitive right knee and leg. The patient indicated they could not walk greater than 20 minutes without severe pain in the lower extremities as well as the knee. The patient had hyperalgesia diffusely in the right knee from approximately 8 cm proximal to the knee to 8 cm distal to the knee. The patient's diagnoses were noted to include status post remote right knee surgery in 05/2012, complex regional pain syndrome right lower extremity refractory and low pain. The patient was noted to be treated with physical therapy and the request was made for a right lumbar sympathetic ganglion block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**right lumbar sympathetic ganglion block for right LE CRPS to be performed by MPN physician:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Block Page(s): 57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ganglion Block CRPS diagnosis Page(s): 104 35,36.

**Decision rationale:** California MTUS Guidelines indicate that a stellate ganglion block is appropriate for patients who have CRPS. Additionally, it indicates that CRPS diagnostic criteria includes the following: (1) the presence of an initiating noxious event or cause of immobilization that leads to development of the syndrome; (2) continuing pain allodynia, or hyperalgesia which is disproportionate to the inciting event, and/or spontaneous pain in the absence of external stimuli; (3) evidence that some time of edema, changes in skin blood flow, or abnormal pseudo motor activity in the pain region; and (4) the diagnosis is excluded by the existence of conditions that would otherwise account for the degree of pain or dysfunction. Criteria 2 through 4 must be satisfied to make the diagnosis. There was a lack of documentation indicating the patient had evidence that some time of edema, changes in skin blood flow, or abnormal pseudo motor activity in the pain region and that the diagnosis is excluded by the existence of conditions that would otherwise account for the degree of pain or dysfunction. Given the above, the request for right lumbar sympathetic ganglion block for right LE CRPS to be performed by MPN physician is not medically necessary.