

<b>Case Number:</b>	CM13-0059641		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/20/2004
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 54-year-old male who reported an injury on 11/20/2004. The mechanism of injury was not provided for review. The patient developed chronic low back pain and left lower extremity pain. The patient's treatment history included a radiofrequency ablation at the L4-5 and L5-S1 levels. The patient's most recent clinical evaluation dated 11/01/2013 documented persistent pain of the left lower extremity resulting in swelling of the left foot and ankle with allodynia, restricted range of motion. It was noted that the patient had a lumbar sympathetic block in the past that was very helpful. Request was made for medical clearance for an additional lumbar sympathetic block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICAL CLEARANCE: H&P, EKG AND LABS:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-Operative Testing

**Decision rationale:** The Official Disability Guidelines (ODG) recommend laboratory testing for patients who are at risk for developing intraoperative or postoperative complications due to significant comorbidities. The clinical documentation submitted for review does not provide any evidence that the patient has any comorbidity that would significantly impact or complicate the outcome of a lumbar sympathetic block. Additionally, as this is a minimally invasive procedure, not considered a surgical intervention, preoperative testing would not be supported by the Official Disability Guideline recommendations. As such, the requested medical clearance: H&P, EKG, and labs are not medically necessary and appropriate.