

Case Number:	CM13-0060753		
Date Assigned:	06/09/2014	Date of Injury:	07/29/2000
Decision Date:	12/17/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/04/2013

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 Family 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 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:

This is a 38-year-old male patient who reported an industrial injury on 7/29/2000, over 14 years ago, attributed to the performance of his usual and customary job tasks. The patient complains of persistent lower back pain. The patient was originally treated conservatively and ultimately underwent a lumbar spine fusion at L5-S1 on 6/25/2012. The patient is being treated by pain management for the diagnosis of failed lumbar laminectomy syndrome. The patient is still complaining of constant moderate and occasional severe pain in the back radiating into the bilateral lower extremities with numbness and tingling. The pain is not changed since the anterior lumbar fusion. The patient reportedly had no relief postoperatively. The patient was treated with a lumbar epidural steroid injection at L5 on 8/14/2013, without significant relief. The objective findings on examination, included reflexes were equal and symmetrical; diminished sensation of the anterior thigh and lateral lore and posterior leg; strength is 5/5. The diagnosis was post-lumbar interbody fusion L5-S1 with disc protrusion noted at L4-L5. The treatment plan included a lumbar sympathetic block to rule out CRPS.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Spine Sympathetic Block, as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regional sympathetic blocks Page(s): 103-04. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chronic pain chapter 8/8/08 pages 215 Official Disability Guidelines (ODG) pain chapter-CRPS sympathetic block; CRPS treatment; regional sympathetic block; stellate ganglion block; CRPS page 35-40.

Decision rationale: The request for authorization of a stellate ganglion block/lumbar sympathetic block is not consistent with the recommendations of the CA MTUS; the ACOEM Guidelines, and the Official Disability Guidelines. The sympathetic block is requested to rule out CRPS without documentation of the criteria established for the diagnosis of CRPS. There was no rationale supported with objective evidence provided by the requesting physician to support medical necessity. There was no neurological consultation. There was no ongoing orthopedic spine evaluation of the performed lumbar spine fusion. There is no objective evidence documented by the treating physician to support a diagnosis of CRPS. There is limited evidence to support this procedure. The diagnostic blocks will help determine if the patient meets the criteria for the diagnosis of CRPS. The use of lumbar sympathetic blocks is not supported with objective evidence. The requesting physician has not documented the objective findings recommended by evidence-based guidelines prior to attempting sympathetic blocks. The use of the sympathetic blocks will diminish the perceived pain issues allowing the patient to rehabilitate in a functional restoration home exercise program for conditioning and strengthening. The use of the blocks is in conjunction with an exercise program and ongoing program of rehabilitation. The patient is not demonstrated to be rehabilitating. There is no demonstrated medical necessity for the requested lumbar sympathetic block to rule out CRPS. The diagnosis of CRPS has not been confirmed by an independent physician. The provider has not documented: (1) Vasomotor changes: temperature/color change; (2) Edema; (3) Trophic changes: skin, hair, and/or nail growth abnormalities; (4) Impaired motor function (tremor, abnormal limb positioning and/or diffuse weakness that cannot be explained by neuralgic loss or musculoskeletal dysfunction); (5) Hyperpathia/allodynia; or (6) Sudomotor changes: sweating. Diagnostic tests (only needed if four (4) physical findings were not present): 3-phase bone scan that is abnormal in pattern characteristics for CRPS. There is no objective evidence provided to support the diagnosis of CRPS at this time and there is no medical necessity to provide the sympathetic block to see if the pain level decreases. The patient is clearly not documented to be participating in a functional restoration home exercise program and the use of the lumbar sympathetic block is an adjunct to the exercise program. Medical necessity is documented only when analgesic requirements escalate or the home exercise program fails after appropriate participation. There is no demonstrated medical necessity for sympathetic block to rule out the diagnosis of CRPS without objective findings on examination consistent with the diagnosis of CRPS.