

<b>Case Number:</b>	CM13-0062923		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/23/2004
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 patient is a 41-year-old female who reported an injury on 07/23/2004. The mechanism of injury was not provided in the medical records. The patient is diagnosed with causalgia of lower limb. The only clinical note submitted for review was an appeal letter from the patient's treating provider which was dated 12/23/2013 and addressed a denial of pain management consultation for trial of spinal cord stimulator. It indicated the patient has complex regional pain syndrome. However, there were no subjective or objective clinical findings documented within that letter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REQUEST FOR A SYMPATHETIC NERVE BLOCK FOR THE LUMBAR SPINE ON THE RIGHT SIDE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nerve Block Section Page(s): 103-104.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPs Section Page(s): 39-40.

**Decision rationale:** According to the California MTUS Guidelines, sympathetic blocks are recommended for a limited role, primarily for the diagnosis of sympathetically-mediated pain and as an adjunct to physical therapy. The clinical information submitted for review failed to

provide subjective or objective findings consistent with complex regional pain syndrome. However, she was noted to have a diagnosis of complex regional pain syndrome. Therefore, it is unclear why the patient requires a sympathetic nerve block for the lumbar spine on the right side as the evidence-based guidelines indicate this procedure is primarily for diagnostic purposes. Additionally, it is unknown whether the patient would be participating in physical therapy following the recommended sympathetic block. In the absence of further details regarding the patient's history, subjective information, objective information, and diagnosis of CRPS, as well as conservative treatment including plan for physical therapy, the request is not supported.