

Case Number:	CM13-0064305		
Date Assigned:	01/03/2014	Date of Injury:	12/03/2011
Decision Date:	04/15/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/11/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 35-year-old female who reported an injury on 12/03/2011 while she was attempting to lift a patient. The patient reportedly sustained an injury to the lumbar region. The patient's diagnoses included lumbar spinal disease with radiculopathy and complex regional pain syndrome. The patient's chronic pain was managed with medications. The patient previously underwent lumbar sympathetic nerve blocks that decreased the patient's pain from 6/10 to 4/10. A repeat left lumbar sympathetic nerve block in 02/2013 provided pain relief approximately 5 days following the procedure. The patient's most recent clinical evaluation documented that the patient continued to have left sided lumbosacral pain and increased sensitivity to any palpation to the left foot with slight discoloration and swelling. It was also documented that the patient's previous sympathetic blocks did not provide an adequate amount of relief. The patient's diagnoses included reflex sympathetic dystrophy of the lower extremity, neuralgia, degenerative disc disease of the lumbar spine. A request was made 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:

LUMBAR SYMPATHETIC BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Block.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympa.

Decision rationale: The requested lumbar sympathetic block is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends sympathetic therapy as an adjunct therapy to active aggressive physical therapy. The clinical documentation fails to provide any evidence that the patient's lumbar sympathetic block would be an adjunct therapy to aggressive physical therapy. Additionally, the clinical documentation does not provide evidence of adequate pain relief as a result of the patient's previous blocks. As such, the requested lumbar sympathetic block is not medically necessary or appropriate.