

Case Number:	CM14-0003265		
Date Assigned:	01/31/2014	Date of Injury:	05/16/2007
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/09/2014

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 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 injured worker is a 57 year old male who reported an injury on 05/16/2007 after lifting a heavy tray. The injured worker reportedly injured his low back. The treatment history has included physical therapy, lumbar decompression, lumbar facet blocks, caudal epidural steroid injections, a TENS unit and multiple medications. The injured worker was evaluated on 12/11/2013. It was noted that the injured worker had undergone an "epidural sympathetic block," and received 24 hours of pain relief. A request was made for Neurontin 300 mg 3 times a day to assist with pain control. Additionally, a series of 6 epidural sympathetic blocks was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF EPIDURAL SYMPATHETIC BLOCK (REQUESTING FOR 6 TO BE AUTHORIZED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 55-56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections and Lumbar Sympathetic Blocks Page(s): 46 & 57.

Decision rationale: The requested series of epidural sympathetic blocks, requesting 6 to be authorized, is not medically necessary or appropriate. It is unclear what type of injection is being

requested. California Medical Treatment Utilization Schedule recommends epidural steroid injections for injured workers who have radicular symptoms. The clinical documentation submitted for review does not provide any evidence of radicular symptoms to support the need for an epidural steroid injection. Additionally, California Medical Treatment Utilization Schedule does not support the use of a series of 6 injections. The request as it is submitted could be for a lumbar sympathetic block. However, there is no documentation of a diagnosis of complex regional pain syndrome. Additionally, California Medical Treatment Utilization Schedule recommends a series of 3 to 4 injections over a short period of time in conjunction with aggressive physical rehabilitation. The clinical documentation does not provide any evidence of the injured worker participating in physical therapy. Also, the requested series of 6 exceeds recommendations. As such, the requested series of epidural sympathetic blocks, requesting for 6 to be authorized, is not medically necessary or appropriate.