

<b>Case Number:</b>	CM14-0108457		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 40-year-old female who reported injury on 06/11/2011. The mechanism of injury was not provided. The diagnostic studies and surgical history were not provided. The documentation of 06/19/2014 revealed the injured worker had complaints of lower back pain, left lower extremity pain, right lower extremity pain, and right foot pain. The injured worker indicated the pain was a 7/10. The documentation indicated the medications were ineffective and the side effects included constipation. The medications were noted to include Lyrica 75 mg capsules 1 capsule 3 times a day and methadone hydrochloride 5 mg capsules 1 to 2 four times a day. The diagnostic studies and surgical history were not provided. The diagnoses included pain in joint of ankle and foot and sprains and strains of the ankle. The treatment plan included a lumbar sympathetic block series of 3, one week apart. There was a DWC form RFA submitted for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Lumbar Sympathetic Blocks series of 3 injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracticeguidelines.org/lowback; table 2 low back disorders>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 104.

**Decision rationale:** The California MTUS guidelines indicate that regional sympathetic blocks including lumbar sympathetic blocks are recommended limited to a diagnosis and therapy for chronic regional pain syndrome. The clinical documentation submitted for review failed to indicate the injured worker had the above condition. Additionally, there could be no series of 3 injections without documentation indicating objective functional benefit and an objective decrease in pain from the first injection. The injured worker's diagnosis did not include chronic regional pain syndrome. There was a lack of documentation of exceptional factors. Given the above, the request for 3 lumbar sympathetic blocks, series of 3 injections is not medically necessary.