

<b>Case Number:</b>	CM14-0017671		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	10/12/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 42-year-old male with a date of injury on 10/12/2008. Diagnoses include status post debridement of right ankle and partial fasciotomy, neurolysis, and Achilles tendon repair, and Complex Regional Pain Syndrome (CRPS). Subjective complaints are of right foot pain that swells and changes color with activity, and radicular pain throughout the right lower extremity. Physical exam reveals bilateral lumbar facet joint and sacroiliac tenderness. Lumbar range of motion is reduced. There is mild swelling of the distal 1/3 of the left lower extremity. In the right foot and ankle there is hyperesthesia, swelling and diffuse tenderness throughout. Sensation is intact, and right foot is cooler than left. Previous treatments have included ankle brace, physical therapy, psychotherapy, A-Stim unit, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT LUMBAR SYMPATHETIC L3 VERTEBRAL INJECTIONS, X 3 SERIES:**

Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines REGIONAL SYMPATHETIC BLOCKS Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Regional Sympathetic Block

**Decision rationale:** CA MTUS guidelines state that sympathetic blocks are indicated primarily for diagnosis of sympathetically mediated pain, and are generally limited to diagnosis and therapy for complex regional pain syndrome. The ODG proposes use of a lumbar sympathetic block for the diagnosis and treatment of sympathetic pain of the lower extremities. This patient has subjective and objective evidence supportive of the diagnosis of complex regional pain syndrome. Therefore, the request for lumbar sympathetic blocks is consistent with guideline criteria and is medically necessary.