

<b>Case Number:</b>	CM14-0128965		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Alabama. 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 44 year old male who was injured on 10/07/2010 when he was lifting and unloading crates in the cooler. His left leg was caught on a pallet and he fell and twisted his left ankle. Prior medication history included Tylenol, Ibuprofen, Tramadol, Wellbutrin and Zoloft. There were no diagnostic studies available for review. A progress report dated 07/07/2014 documented the patient to have complaints of pain in the left lower extremity. He reported he continued to have right knee pain with locking and hyperextension. He reported a pain score of 8/10. He is noted to have a history of reflex sympathetic dystrophy of the lower extremity. He reported he is still unable to walk properly as he has increasing pain in the left lower extremity. On exam, there is no edema present in the lower extremities. There is palpable tenderness noted in the knee joint of the left lower extremity. He is diagnosed with knee pain and reflex sympathetic dystrophy of the lower extremity and has been recommended for left lumbar sympathetic block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Lumbar Sympathetic Block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks, regional sympathetic blocks (stellate ganglion block, tho. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, CRPS, sympathetic blocks (therapeutic)

**Decision rationale:** The CA MTUS states that sympathetic block recommendations are generally limited to diagnosis and therapy for CRPS. Further the guidelines indicate that there is limited evidence to support lumbar sympathetic blocks, with most studies reported being case studies. The ODG guidelines regarding sympathetic blocks states "there should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled... In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch is documented to permit participation in physical therapy..." The ODG guidelines regarding CRPS pathophysiology and The Budapest (Harden) Criteria states "Must display at least one sign at time of evaluation in two or more of the following categories: a) Sensory: Evidence of hyperalgesia and/or allodynia... b) Vasomotor: Evidence of temperature asymmetry and/or skin color changes... c) Sudomotor/Edema... d) Motor/trophic: evidence of decreased range of motion and/or motor dysfunction." In this case, note from 7/7/14 does not meet the above criteria. Examination from 7/7/14 note only states "Gait: Antalgic gait favoring left... Both lower extremities: inspection: edema not present and Palpation: joint tenderness noted in the knee joint of LLE." There is no documentation of increased range of motion, medication use reduction, and increased tolerance of activity from prior sympathetic block. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.