

<b>Case Number:</b>	CM14-0133247		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	07/21/1992
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

There is a procedure 02/11/04 which indicated a lumbar L3-L4, lumbar L4-L5 pseudo-arthrosis and underwent a lumbar L2 through L5 arthrodesis with use of instrumentation. There is a neurosurgical pre-operative report February 7, 2004 which indicated condition of pseudo-arthrosis at L3-L4 and L4-L5 and plan was for L2 through L5 removal of hardware as well as L2 to L5 re-arthrodesis with instrumentation and allograft. There is an emergency department evaluation 06/02/14 for complaint of back pain. The injured worker reports to have been out of medication for one week. Examination reported no step-off or crepitus. There was perillumbar reproducible tenderness to palpation with surgical spur over the lumbar region with a diagnosis of acute exacerbation of chronic back pain. A note dated May 23, 2004, indicates the insured was being seen for ongoing complaints of pain. The surgery was reported to have had complaint of induration of the lower extent of the wound from previous surgery done 02/11/14. The insured complains of symptoms despite two courses of antibiotics. Physical exam indicates he has full strength of both lower extremities and ambulates with a cane. There was noted to be a very mild amount of induration with very little erythema or fluctuance. A note dated July 22, 2004, indicated the insured was seen for bilateral leg pain and burning hypersensitivity pain. The insured was reported to have failed stimulated trial but states due to scar tissue. He has never had sympathetic blocks and presents to see if this may help his pain. Physical exam indicated lumbar spine was reduced in range of motion. The diagnosis was listed as discogenic syndrome with reflex sympathetic dystrophy and was recommended for sympathetic block. The physical has indicated hypersensitivity pain in both legs, worse on the left with possible weakness in the legs and hypersensitivity pain in the legs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sympathetic block lumbar spine fluoroscopy and anesthesia (x3): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain, CRPS, sympathetic blocks

**Decision rationale:** The medical records provided for review do not document that the Budapest (Harden) criteria have been evaluated and fulfilled. The medical records indicate the presence of hypersensitivity but do not document any history of swelling or edema or other pseudomotor changes. Official Disability Guidelines does not support sympathetic blocks without evidence of meeting the Harden Criteria. Therefore, this request is not medically necessary.