

<b>Case Number:</b>	CM14-0184441		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Occupational Medicine, 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:

Patient is a 30 year-old female with date of injury 08/05/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/27/2014, lists subjective complaints as low back pain with radicular symptoms to the lower left extremity. Patient has had three lumbar epidural steroid injections and reported 60% pain relief for three weeks with the last one. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles. Range of motion was restricted with flexion limited to 40 degrees and extension limited to 10 degrees. Straight leg raising test was negative on the right and positive on the left side at 45 degrees from the sitting position. Motor test in l.g was limited by pain with knee extensor 3/5 on the left. Light touch sensation was decreased over the lateral calf on the left side. Diagnosis: 1. Thoracic or lumbar radiculitis or neuritis, not otherwise specified 2. Strains and sprains of the lumbar region 3. Lumbago 4. Sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Sympathetic nerve block for the left lower extremity as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Previous injections have not satisfied the above criteria. Sympathetic nerve block for the left lower extremity as an outpatient is not medically necessary.