

<b>Case Number:</b>	CM14-0022761		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/30/2007
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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., 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 56-year-old with an injury reported on March 30, 2007. The mechanism of injury was not provided within the clinical notes. The clinical note dated February 3, 2014 reported that the injured worker complained of right lower extremity pain. The physical examination of the injured worker's right foot showed increased hypersensitivity over the dorsum region. It was reported that the injured worker had increased edema and bruising to her right foot. It was also reported that the injured worker had mild tenderness over the right greater trochanter per palpation. The injured worker's prescribed medication list included fentanyl, oxycodone, Neurontin, amitriptyline, and Lunesta. The injured worker's diagnoses included complex regional pain syndrome, right lower extremity with flare; and post right knee replacement. The provider requested lumbar sympathetic block, the rationale was not provided within clinical notes. The Request for Authorization was submitted on February 23, 2014. The injured worker's prior treatments included a self-directed exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE LUMBAR SYMPATHETIC BLOCK, FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block (SGB).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS (Complex Regional Pain Syndrome), Sympathetic and Epidural Blocks Page(s): 39.

**Decision rationale:** The injured worker had a right lower extremity flareup due to complex regional pain syndrome. The requested provider's rationale for the lumbar sympathetic block was not provided within clinical documentation. The Chronic Pain Medical Treatment Guidelines recommend sympathetic and epidural blocks only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. They are recommended for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. It is noted that the examination of the right lower extremity revealed hypersensitivity and edema to the right foot; however, there is a lack of information indicating the specific sensory as evidenced by hyperplasia (pinprick), and/or allodynia. There was a lack of clinical information indicating that the injured worker's affected area had a temperature change or color change. There was a lack of clinical information indicating the affected limb had a decreased range of motion, motor dysfunction, or trophic changes. The request for one lumbar sympathetic block, fluoroscopy, is not medically necessary or appropriate.