

Case Number:	CM14-0025172		
Date Assigned:	06/11/2014	Date of Injury:	07/23/2012
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/27/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 46 year old male whose date of injury is 07/23/2012. The injured worker tripped on a case of milk. Lumbar MRI dated 09/18/12 revealed L4-5 large central and left paramedian inferiorly pointing disc protrusion; L3-4 mild spinal stenosis; L2-3 3 mm left paramedian focal disc protrusion causing left lateral recess stenosis. The injured worker underwent a lumbar sympathetic block on 09/25/13. Progress note dated 09/30/13 indicates that the injured worker reports his low back pain and lower extremity pain remained unchanged. He reports that the procedure did not work. Progress report dated 01/06/14 indicates that low back pain remains 7/10. He has returned to work. Treatment to date includes 12 physical therapy visits as well as acupuncture.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome(CRPS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block Page(s): 57.

Decision rationale: Based on the clinical information provided, the request for left lumbar sympathetic block is not recommended as medically necessary. The injured worker underwent a lumbar sympathetic block on 09/25/13. Progress note dated 09/30/13 indicates that the injured worker reports his low back pain and lower extremity pain remained unchanged. He reports that the procedure did not work. There is no current, detailed physical examination submitted for review. Given the lack of positive response to prior sympathetic block and lack of current physical examination, the requested block is not in accordance with Chronic Pain Medical Treatment Guidelines and medical necessity is not established. Therefore the request is not medically necessary.