

<b>Case Number:</b>	CM14-0030265		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/29/2002
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Management, 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:

According to the records made available for review, this is a 57-year-old male with a 7/29/02 date of injury. At the time (1/17/14) of the request for authorization for one sympathetic block every 4-6 months and one lumbar synthetic block 1-2 times a year, there is documentation of subjective (low back pain and left leg pain and swelling, numbness and tingling located in left knee) and objective (moderate to severe degree of swelling in left leg, edema in left thigh and left calf is 2+, weakness of 4-/5 in left leg, pain with range of motion of lumbar spine) findings, current diagnoses (unspecified disorders of nervous system, depressive disorder, and reflex sympathetic dystrophy of the lower limb), and treatment to date (medication and previous sympathetic blocks). There is no documentation that the block will be used as an adjunct to facilitate physical therapy and that continued improvement is observed with previous blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 sympathetic block every 4-6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic Block; Lumbar sympathetic block.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines identifies diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of sympathetic blocks. In addition, the MTUS Chronic Pain Medical Treatment Guidelines identify documentation that continued improvement is observed with previous blocks, as criteria necessary to support the medical necessity of sympathetic blocks. Within the medical information available for review, there is documentation of diagnoses of unspecified disorders of nervous system, depressive disorder, and reflex sympathetic dystrophy of the lower limb. In addition, there is documentation of sympathetically mediated pain and previous sympathetic blocks. However, there is no documentation that the block will be used as an adjunct to facilitate physical therapy and that continued improvement is observed with previous blocks. Therefore, based on guidelines and a review of the evidence, the request for one (1) sympathetic block every 4-6 months is not medically necessary.

**1 lumbar synthetic block 1-2 times a year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic Block; Lumbar sympathetic block.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines identifies diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of sympathetic blocks. In addition, the MTUS Chronic Pain Medical Treatment Guidelines identify documentation that continued improvement is observed with previous blocks, as criteria necessary to support the medical necessity of sympathetic blocks. Within the medical information available for review, there is documentation of diagnoses of unspecified disorders of the nervous system, depressive disorder, and reflex sympathetic dystrophy of the lower limb. In addition, there is documentation of sympathetically mediated pain and previous sympathetic blocks. However, there is no documentation that the block will be used as an adjunct to facilitate physical therapy and that continued improvement is observed with previous blocks. Therefore, based on guidelines and a review of the evidence, the request for one (1) lumbar synthetic block 1-2 times a year is not medically necessary.