

Case Number:	CM14-0035138		
Date Assigned:	06/23/2014	Date of Injury:	12/18/2011
Decision Date:	10/01/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 41-year-old female who reported an injury on 12/18/2011. The mechanism of injury was not provided in the medical records. She is diagnosed with sympathetically mediated pain. Her past treatments were noted to have included an anterior lumbar interbody fusion at L5-S1 on 01/14/2013, lumbar epidural steroid injections, pain medications, muscle relaxants, benzodiazepines, anticonvulsants, activity modification, and chiropractic treatment. She was also noted to have undergone a lumbar sympathetic block on 09/13/2013 which provided minimal short term relief. On 02/03/2014, the injured worker presented with complaints of low back pain that radiated down her left lower extremity. It was also indicated that she denied numbness and tingling down her lower extremity since her fusion surgery. Her physical examination revealed a positive left straight leg raise and ambulation with a left antalgic gait. Her medications were noted to include Norco, Ambien, Soma, and Neurontin. The treatment plan included a second lumbar spine sympathetic block in order to confirm whether the injured worker was eligible for a trial of a dorsal column stimulator. The Request for Authorization form for this request was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second lumbar sympathetic block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, section 722.1 subsection under sympathetic block/stellate ganglion block

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, CRPS, sympathetic blocks (therapeutic).

Decision rationale: According to the California MTUS Guidelines, repeat sympathetic blocks are only recommended if continued improvement is observed. More specifically, the Official Disability Guidelines state that repeat blocks should only be performed when there is documentation showing increased range of motion, reduction of pain levels and medication use, and increased tolerance of activity and touch, which permit participation in active therapies after previous injections. The Official Disability Guidelines also state that when used for diagnosis, there should be documentation showing that sympathetic blocks fulfill the criteria for success, including that skin temperature after the block shows sustained increase without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should occur. The clinical information submitted for review indicated that the injured worker was diagnosed with sympathetically mediated pain in the bilateral upper extremities. However, the documentation also suggested that a repeat block was recommended for diagnostic purposes, specifically to determine whether the injured worker was a candidate for a trial of a dorsal column stimulator. However, it was documented that she only had minimal short term relief after her previous block on 09/13/2013. The documentation failed to indicate whether her previous block had been used for therapeutic or diagnostic purposes, and if diagnostic, whether she met the recommended criteria with an increase in skin temperature. In the absence of further documentation indicating the purpose of the second injection and details regarding the first injection, including whether it was diagnostic or therapeutic in nature, the necessity of a second injection cannot be established. In addition, if the first injection was for therapeutic purposes, further documentation is needed (including evidence of decreased medication use and pain levels, increased function, and increased tolerance of activity and touch, as well as participation in active therapies) in order to establish the appropriateness of a second injection. For the reasons noted above, the request is not medically necessary.