

<b>Case Number:</b>	CM14-0036011		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 68 year old female with a date of injury on 8/10/2011. Patient has a diagnosis of reflex sympathetic dystrophy of the lower extremity. Subjective complaints are of pain in the left ankle that has spread to the entire leg and into the back. Physical exam showed hyperalgesia and allodynia of the left lower extremity. Motor strength is 3/5 with left ankle dorsiflexion and plantar flexion. The reflexes are 2/4 throughout, and tenderness over the lateral aspect of the ankle. The patient recently underwent a lumbar sympathetic nerve block that did not help with symptoms. The patient is status post 3 lumbar sympathetic nerve root blocks at L2-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic And Epidural Blocks Page(s): 39-40.

**Decision rationale:** CA MTUS recommends epidural blocks for CRPS only for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. For this

patient, 3 previous nerve blocks had been performed which did not provide relief. The provider recommended a local anesthetic epidural injection to cause a possible sympathectomy. This type of injection appears to be another lumbar sympathetic block. Since prior injections did not provide relief, additional injections would not be indicated. Therefore, the request for lumbar epidural steroid injection is not medically necessary and appropriate.

**Physical therapy x1 after injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** Since a lumbar epidural injection is not indicated, post injection physical therapy would not be indicated. Therefore, the medical necessity of physical therapy is not established.