

Case Number:	CM14-0052102		
Date Assigned:	07/07/2014	Date of Injury:	09/29/2007
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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 Orthopedic surgeon 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:

This 53-year-old female sustained a lifting injury at work on 9/29/2007. She had immediate onset of pain associated with numbness, tingling, and weakness to the left leg. She was tried on non-steroidal anti-inflammatory drugs (NSAIDs) without relief, physical therapy with moderate relief, transcutaneous electric nerve stimulation (TENS) unit with minimal relief, and chiropractic and massage therapy with temporary relief. She used an H wave generator until it lost its efficacy. She has had lumbar epidural steroid injections x3. She had a lumbar L5-S1 fusion in 2009 and it was revised in 2013. She was diagnosed with complex regional pain syndrome (CRPS) symptoms beginning in May of 2013 including allodynia, temperature changes in the extremity, swelling, and discoloration. The patient describes her pain as worse with long periods of sitting, standing, or being on her feet and it improves when she lies down. Her medications include Norco, Lyrica, Robaxin, Ultracet, and Effexor. A CT scan of the lumbar spine revealed an L5-S1 fusion with 6 mm of anterolisthesis of L 5 on S1, bilateral pars defects, and moderate foraminal stenosis. The patient has noted a 25% relief overall after she was started on Lyrica and after her lumbar sympathetic block. There was a discussion about doing a sympathectomy but her provider thought she might need at least 3 sympathetic blocks for prognostic and diagnostic purposes. Therefore there is a request for 3 lumbar sympathetic blocks plus an MRI scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural L2-L3 sympathetic block, QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines complex regional pain syndrome Page(s): 35-41.

Decision rationale: Sympathetic and epidural blocks are indicated 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. The record states that the patient received 25% relief of symptoms while taking Lyrica and having lumbar sympathetic injections but it does not document how much relief she got with each modality and whether the relief was permanent or temporary. There are no controlled trials that show any benefit from sympathetic blocks with regards to CRPS. Therefore until there is better documentation on the relief afforded by the lumbar sympathetic nerve block, the medical necessity for a series of sympathetic nerve blocks has not been established.

MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM guidelines state that indiscriminate imaging will result in false positive findings that are not the source of painful symptoms and do not warrant surgery. The MRI scan is reserved for patients who have unequivocal objective findings that identify specific nerve compromise on the neurological examination and who do not respond to treatment and who would consider surgery an option. This patient has no red flag conditions for which an MRI would be indicated. Her lumbar spine problems were thoroughly evaluated in the past and there are no new changes for which an MRI scan would be indicated. Therefore, for the above reasons the medical necessity for an MRI scan of the lumbar spine has not been established.