

<b>Case Number:</b>	CM14-0053648		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/23/1996
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Texas. 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 patient is a year old male who sustained an industrial injury on 7/23/1996. According to the medical records, he has continued treatment for diagnosis of chronic CRPS of the left lower extremity, as result of s/p low back surgery. Treatment has included medications, lumbar sympathetic blocks, shoe orthotics, and ketamine spray. According to the 4/8/2014 progress note, the patient presents with complaint of pain exacerbation of left medial foot requiring daily tramadol 50mg per day. On 10/18/2013 left L2 lumbar sympathetic block with good relief for 2 months. Noted exacerbation with increased activities. RSD symptoms of the leg is much improved overall. Pain is decreased with Lidoderm, mild benefit with Ketamine spray, and symptoms improved with shoe orthotics. Medications include Lyrica, Ibuprofen, Percocet and Tramadol. Objective examination documents ambulatory, motor and reflexes intact, decreased sensory in left great toe, and minimal edema of left ankle. Recommendations are for maintain acupuncture, refill medications, yoga and swimming prn, and lumbar sympathetic block in the future. According to the 4/28/2014 progress report, the patient notes he had been recommended repeat sympathetic nerve block. He notes pain increases towards the end of the day. Clinically, his examination remains stable, he continues to have hypersensitivity of the left foot. Request is for reconsideration of left sympathetic nerve block, orthopedic evaluation of the hip and knee, acupuncture, and continue current medications. According to the 6/10/2014 progress report, the patient continues with pain around the left knee, and notes swelling around the left ankle, and continues to have hypersensitivity along the medial border of the foreleg and down into the left great toe. He takes Lyrica 50mg three times per day and uses tramadol sparingly. His symptoms fluctuate but have not improved. Physical examination documents 2+ symmetrical reflexes, hypersensitivity with neuropathic pain in the L5 distribution on the left, no significant ankle edema, and left ankle appears slightly cooler than the right. Assessment is chronic CRPS.

Treatment includes sympathetic nerve blocks on as needed basis, and use of Tramadol and Lyrica. Request is for authorization of previously requested sympathetic nerve block of left lower extremity.

### **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 CPRS (Complex Regional Pain Syndrome). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain (Chronic), Procedure Summary Topic: Regional sympathetic blocks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks, Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 39-41, 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, CRPS, sympathetic blocks (therapeutic).

**Decision rationale:** According to the guidelines, regarding sympathetic blocks, recommendations are generally limited to diagnosis and therapy for CRPS. Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. They are recommended 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. The purpose of sympathetic blocks is to facilitate improvement in function and pain. According to the Official Disability Guidelines, in acute exacerbations of patients who have documented evidence of sympathetically mediated pain, 1 to 3 blocks may be required for treatment. The medical records do not establish the patient presents with an exacerbation or flare-up of his CRPS. The medical records indicate good pain relief with the current regimen. The medical records do not establish the patient has failed to benefit with maintained active HEP, exercise program, and medication management. There is no clear indication that another sympathetic block is medically necessary at this time.