

<b>Case Number:</b>	CM14-0058907		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/12/2004
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Occupational Medicine 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 patient is a 61 year-old female with date of injury 05/12/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/23/2014, lists subjective complaints as pain in the low back and bilateral lower extremities. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles, one on the right side. Examination of the right knee revealed limitation in flexion extension, internal and external rotation and tenderness to palpation of the patella. Examination of the right ankle revealed a reddened spot in the malleolus, but no limitation in range of motion was noted. On sensory examination, light touch sensation was decreased over the lateral thigh. Severe allodynia of the lateral left leg and foot. The foot is cold and red. Diagnosis: 1. Causalgia of lower limb, right 2. Unspecified myalgia and myositis, right lower limb. Treatment thus far has included medications, physical therapy and use of a spinal cord stimulator. Patient had placement of a spinal cord stimulator on 06/18/2010. Patient complains the stimulator is constantly shocking her and causing pain and nausea with vomiting. The patient in the stimulator removed. In the requesting physicians clinical rationale, she states that the patient has had an acute flareup of CRPS that had occurred 2 weeks after removal of the spinal cord stimulator. She goes on to say that this was expected as the spinal cord stimulator had been controlling the patient's symptoms, but after it was removed due to severe side effects, the patient had a marked increase in her symptoms. The requesting physician is asking for a pain management consult for stellate blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management counseling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 101.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), CRPS, sympathetic blocks (therapeutic).

**Decision rationale:** According to the Official Disability Guidelines, sympathetic/stellate blocks are recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy/ functional restoration. The role of sympathetic blocks for treatment of CRPS is largely empirical (with a general lack of evidence-based research for support) but can be clinically important in individual cases in which the procedure ameliorates pain and improves function, allowing for a less painful "window of opportunity" for rehabilitation techniques. It has been determined that a sympathetic mechanism is only present in a small subset of patients, and less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. Researchers have suggested the following are predictors of poor response to blocks: (1) Long duration of symptoms prior to intervention; (2) Elevated anxiety levels; (3) Poor coping skills; (4) Litigation; (5) Allodynia and hypoesthesia. The medical record documents that the patient possesses 3 of the 5 predictors of poor response to blocks. She has a long duration of symptoms prior to intervention, she is litigated, and her physical exam revealed allodynia. A pain management consult/counseling for the purpose of stellate blocks is not medically necessary.