

<b>Case Number:</b>	CM14-0074751		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 43-year-old male with a 10/1/12 date of injury. At the time (3/3/14) of request for authorization for Lumbar Spine Injection, there is documentation of subjective (right knee and ankle pain) and objective (decreased left ankle range of motion and trophic changes at the lateral aspect) findings, current diagnoses (chronic right knee pain, right ankle pain, and rule out chronic regional pain syndrome of the left lower extremity), and treatment to date (medications and physical therapy). Medical report identifies that the request is for sympathetic injection. There is no documentation of sympathetically mediated pain and blocks used as an adjunct to facilitate physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS); CRPS Sympathetic and Epidural Blocks Page(s): 35-40.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39-40.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of sympathetically mediated pain and blocks used as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of sympathetic and epidural blocks. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that repeated blocks are only recommended if continued improvement is observed. Within the medical information available for review, there is documentation of diagnoses of chronic right knee pain, right ankle pain, and rule out chronic regional pain syndrome of the left lower extremity. However, there is no documentation of sympathetically mediated pain and blocks used as an adjunct to facilitate physical therapy. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Spine Injection is not medically necessary.