

Case Number:	CM14-0076211		
Date Assigned:	07/16/2014	Date of Injury:	06/23/2010
Decision Date:	08/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/25/2014

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, has a subspecialty in Pain 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 injured worker is a 48 year old female with an original date of injury of June 23, 2010. The patient has a diagnosis of complex regional pain syndrome of the left lower extremity. This occurred following letter knee surgery. The patient has been treated with multiple pain medications including narcotics, muscle relaxants, Xanax, Celebrex, Elavil, new syntax, and Lyrica. The patient has had previous lumbar sympathetic blocks in August 2012 and in 2013. This request for an additional lumbar sympathetic block was noncertified in a utilization review determination. The reviewer felt that the provider's submitted documents did not demonstrate an appreciable benefit to the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar sympathetic blocks using fluoroscopy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Sympathetic Blocks Section> Page(s): 103-104.

Decision rationale: The MTUS Chronic Pain Guidelines on pages 103-104 specify the following regarding regional sympathetic blocks, "Lumbar Sympathetic Blocks: There is limited

evidence to support this procedure, with most studies reported being case studies. Anatomy: Consists of several ganglia between the L1 and L5 vertebra. Proposed Indications: Circulatory insufficiency of the leg: (Arteriosclerotic disease; Claudication: Rest pain; Ischemic ulcers; Diabetic gangrene; Pain following arterial embolus). Pain: Herpes Zoster; Post-herpetic neuralgia; Frostbite; CRPS; Phantom pain. These blocks can be used diagnostically and therapeutically. Adjunct therapy: sympathetic therapy should be accompanied by aggressive physical therapy to optimize success. Complications: Back pain; Hematuria; Somatic block; Segmental nerve injury; Hypotension (secondary to vasodilation); Bleeding; Paralysis: Renal puncture/trauma. Genitofemoral neuralgia can occur with symptoms of burning dysesthesia in the anteromedial upper thigh. It is advised to not block at L4 to avoid this complication. Adequacy of the block: This should be determined, generally by measure of skin temperature (with an increase noted on the side of the block). Complete sympathetic blockade can be measured with the addition of tests of abolition of sweating and of the sympathogalvanic response. (Day, 2008) (Sayson, 2004) (Nader, 2005)" In the case of this injured worker, the requesting provider has written an additional letter to document the request for a series of 3 lumbar sympathetic blocks. This request for 3 sympathetic blocks was also noted in a progress note on date of service April 17, 2014 in the treatment plan section. In a progress note on date of service June 19, 2014, there is a summary of responses to previous lumbar sympathetic blocks. The patient had a series of 3 lumbar sympathetic blocks from June to July 2013 with documentation of 75% improvement in her foot pertaining to color changes and sensitivity. The patient also had a series of 3 lumbar sympathetic blocks to L2 and L3 which resulted in 60 to 70% reduction in overall RSD symptoms in prior months including: January 2013, August 2012, and Feb-March 2012. In the notes, physical therapy was pursued following these injections. Given the clear documentation of response from previous notes, and the fact that CRPS is a chronic pain condition in which flare-ups are part of the course for many patients, the request for lumbar sympathetic block x 3 is medically necessary.