

<b>Case Number:</b>	CM14-0083468		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 41 year old female who had a work injury dated 11/4/09. The diagnoses include Right lower extremity sympathetically-mediated pain s/p previous right ankle. Under consideration are requests for right L3 and L4 sympathetic blocks. There is a 5/20/14 progress note that states that the patient notes that she has obtained some significant benefit with the L5-S1 interlaminar epidural steroid injection on 4/28/14. She feels her low back and right leg pain are significantly reduced, by more than 90 percent. She was able to make a trip to [REDACTED] and could do more swimming. She feels that her capacity for activities have improvement and she could do significantly more walking. She denies specific problems from the injection itself. She notes that she has had a few incidents in which she has lost balance and the right leg has had significant color changes with these episodes. She wonders if the balance issues may be attributable to the "drop foot." She does feel that the spinal cord stimulator continues to yield benefit, although she could use some fine-tuning of it. On exam her gait was mildly antalgic. Positive for a post-surgical scar and there is hyperesthesia and allodynia to touch over the right hip, right ankle, right dorsal foot, and right lateral lower leg as compared to the left. There is a positive for darkish discoloration of the right lower extremity motor strength within normal limits BLE's other than some mild weakness at the right ankle dorsiflexion. The treatment plan includes a request for authorization to repeat the right L3 and L4 sympathetic blocks at this time, given the significant benefit from the previous injections. This is to address the prominence of the RSD symptoms that the patient has had recently that may be contribution to the balance issues. The plan also includes repeat lumbar epidural steroid injection as needed and referral to a spine surgeon, as well as follow-up after the injection. The patient is status post L5-S1

interlaminar epidural steroid injection under fluoroscopic guidance and L5-S1 Epidurogram on 1/8/14 and 4/28/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right L3 and L4 sympathetic blocks.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Pain Procedure Summary last updated 4/10/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar symp).

**Decision rationale:** Right L3 and L4 sympathetic blocks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that there is limited evidence to support this procedure, with most studies reported being case studies. The guidelines state that sympathetic therapy should be accompanied by aggressive physical therapy to optimize success. The guidelines state that 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. The documentation indicates that the patient has had a prior right L3-4 sympathetic blockade but there is no documentation of when this occurred and the outcome/functional improvement from this blockade. The documentation does not indicate that aggressive PT is recommended with this blockade. Furthermore, the guidelines recommend against a block at L4 to avoid genitofemoral neuralgia. For all these reasons the request for right L3 and L4 sympathetic blocks is not medically necessary.