

<b>Case Number:</b>	CM14-0096877		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/11/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic regional pain syndrome/reflex sympathetic dystrophy of the lower limb reportedly associated with an industrial injury of October 11, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; adjuvant medications; and extensive periods of time off work. In a utilization review report dated June 16, 2014, the claims administrator seemingly denied a right lumbar sympathetic nerve block on the grounds that the applicant had had a prior right lumbar sympathetic plexus block on January 21, 2014, with only fleeting pain relief. The applicant's attorney subsequently appealed. On July 8, 2014, the applicant reported persistent complaints of right foot pain, reportedly severe, aching, and stabbing. The applicant was using Relafen, tramadol, lansoprazole, Norco, and Neurontin, it was noted. The attending provider posited that the applicant was "currently on temporary disability" due to pain complaints. Multiple medications were refilled, including tramadol, Relafen, lansoprazole, and Norco. On June 13, 2014, the applicant reported worsening right upper extremity pain, exacerbated by gripping and grasping. The applicant reported 7/10 pain. The applicant was severely obese, with a BMI of 43. The applicant underwent a wrist corticosteroid injection. The applicant's work status was not clearly stated on this occasion. In a June 12, 2014, progress note, the applicant was given work restrictions. The applicant did not appear to be working with said limitations in place. The applicant was status post ankle ACL surgery. The applicant's medication list included Neurontin and Celebrex, it was acknowledged. On June 6, 2014, the applicant presented reporting heightened pain complaints. The applicant reported repeat injection therapy. The applicant stood 5 feet 10 inches tall and weighed 310 pounds, it was stated. The applicant was again described as off work, on total temporary disability, and

was reportedly represented, it was acknowledged. A repeat stellate ganglion block was seemingly endorsed, while Norco, Relafen, and tramadol were renewed.

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

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

#### **Right Lumbar Sympathetic Nerve Block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Block; Regional Sympathetic Blocks Page(s): 57; 103-104.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS (Complex regional pain syndrome) Sympathetic and Epidural Blocks Topic Page(s): 39.

**Decision rationale:** As noted on page 39 of the MTUS Chronic Pain Medical Treatment Guidelines, sympathetic blocks for CRPS are recommended for "a limited role," primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. In this case, the applicant has had at least one prior injection, despite the tepid MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through the prior injection. The applicant remains off work. The applicant is on total temporary disability. The applicant remains highly reliant and highly dependent on numerous analgesic medications, including opioid agents such as Norco and tramadol. The previous sympathetic block failed to facilitate increased activity as evinced by the applicant's severe obesity with BMI in the 43 range. All of the above, taking together, suggests a lack of functional improvement as defined in MTUS despite at least one prior lumbar sympathetic nerve block. Therefore, the request is not medically necessary.