

<b>Case Number:</b>	CM14-0203317		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	07/14/1998
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 has a date of injury of January 14, 2004. The patient has chronic low back pain and bilateral leg pain. She's had previous lumbar surgery. She is diagnosed with post laminectomy syndrome. She has had lumbar injections in the past which have provided some improvement. On physical examination she has tenderness palpation of the lumbar spine. Straight leg raising test is positive for radicular pain bilaterally. Neurologic exam shows decreased sensation of the left and right L4 and L5 dermatomes. There is weakness of left foot plantar flexion and dorsiflexion. At issue is whether repeat injection therapy is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **P2P Lumbar Sympathetic Nerve Root Block Bilateral L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous Regional Sympathetic Blocks (for RSD/CRPS nerve blocks).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back chapter.

**Decision rationale:** This patient does not meet ODG criteria for lumbar sympathetic nerve root block. Specifically the medical records document that the patient has had previous lumbar nerve

root injection therapy. However the specific amount of pain relief and functional improvement is not clearly documented from the previous injections. In addition, the medical records do not contain imaging study showing specific compression of nerve roots that clearly correlate with physical examination. There is no clear correlation between physical examination showing specific radiculopathy and imaging study showing specific compression nerve roots. The request for Lumbar sympathetic nerve root block is not medically necessary.