

<b>Case Number:</b>	CM15-0105334		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/29/2009
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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(n) 34 year old female, who sustained an industrial injury on 3/29/09. She reported pain in her lower back. The injured worker was diagnosed as having sciatica and sacroiliac ligament sprain. Treatment to date has included topical cream, a left sacroiliac joint fusion and a lumbar MRI. On 3/17/15, the injured worker rated her pain a 6/10 in the left thigh and radiating down to her knee. Objective findings included reduced lumbar range of motion and a positive straight leg raise test on the left. As of the PR2 dated 4/30/15, the injured worker reports 7/10 lumbar pain that radiates to the left leg. She had a sympathetic block on 4/16/15 and it relieved her symptoms for 5 hours. The treating physician requested a left sympathetic chain for neurolysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Sympathetic chain for neurolysis, Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Block Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block Page(s): 57.

**Decision rationale:** Left Sympathetic chain for neurolysis, Qty 1 is not medically necessary per the MTUS Chrojnh. The MTUS states that for lumbar sympathetic blocks pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. These blocks should be followed by intensive physical therapy. The documentation does not indicate evidence of functional improvement after prior block despite documentation of pain relief. The request for a left sympathetic chain neurolysis is not medically necessary.