

Case Number:	CM15-0131905		
Date Assigned:	07/20/2015	Date of Injury:	02/08/2012
Decision Date:	08/14/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/08/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 57 year old female with an industrial injury date 02/08/2012. Her diagnoses included lumbar radiculitis, lumbosacral spondylosis without myelopathy, chronic pain syndrome, foot and ankle pain, myalgia and myositis, reflex sympathetic dystrophy of lower extremity, neuralgia and wrist pain. Prior treatments included trigger point injections, medications, cortisone injection therapy in the back and custom shoes. She presents on 06/01/2015 with low back pain radiating to bilateral lower extremities. She also complaints of right lower extremity pain and left wrist. She reports falls secondary to right leg weakness. She reports the pain as constant and negatively affects her activities of daily living. She reports her current pain as 8, worst pain as 9 with least pain at 5. Physical exam noted crepitus, pain with flexion, decreased extension and pain with radial bending of the left wrist. Right lower extremity noted skin erythema and swelling. There was tenderness at the metatarsals. There was pain with range of motion. Tactile allodynia/hyperesthesia and tenderness was present. There was tenderness to palpation, muscle spasm and pain with extension, rotation and flexion of the lumbar spine. Treatment plan included diagnostic testing, medications, lumbar sympathetic block, physical therapy, chiropractic treatment, and psychological support and spinal cord stimulator trial. Lumbar spine MRI dated 09/26/2014 showed degenerative disc disease and spondylosis with facet arthrosis. No herniation or spinal stenosis was demonstrated. No significant foraminal stenosis. The treatment request is for lumbar sympathetic nerve block x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic nerve block x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 55-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 57-104.

Decision rationale: According to MTUS guidelines, "Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects." According to MTUS guidelines, lumbar sympathetic block Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy. (Colorado, 2002) There is no documentation of the efficacy of previous injections. There is no justification for considering SC stimulator in addition to sympathetic block. Therefore, Lumbar sympathetic nerve block x 2 is not medically necessary.