

Case Number:	CM15-0139403		
Date Assigned:	07/29/2015	Date of Injury:	07/31/2007
Decision Date:	08/26/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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: Massachusetts

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

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 48 year old female who sustained a work related injury July 31, 2007. Past history included status post lumbar decompression L4-5 and L5-S1. According to a primary treating physician's progress report, dated June 9, 2015, the injured worker presented for follow-up of continued chronic back pain. She reports numbness radiating down both lower extremities, worse on the left. She is maintaining current medication regime to include; Cymbalta, Xanax, Gralise, Norco, and for breakthrough pain Dilaudid. Pain medication was noted to reduce pain and allow her to go to the store and play on the floor with her grandson. She had attended a functional restoration program in the past and is agreeable to see a psychologist for pain that is exacerbated by anxiety. Objective findings included; ambulates off and on with a front wheeled walker, mild antalgic gait with a short stride, lumbar range of motion is limited with flexion, extension, and side bending. Impression is documented as lumbar spinal stenosis status post L4-5 interbody and posterolateral fusion; severe neuropathic pain; chronic pain syndrome; severe myofascial pain; rule out cauda equina syndrome. Treatment plan included; follow-up regarding a functional restoration program at another center, referral to psychologist for previously authorized 6 sessions of treatment, consideration for a urine toxicology and at issue, a request for authorization for a sympathetic ganglion nerve block of the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic Ganglion nerve block of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, CRPS, sympathetic blocks.

Decision rationale: The claimant sustained a work-related injury in July 2007 and continues to be treated for left lower extremity pain. She underwent a two level revision lumbar laminectomy and fusion in September 2014. Treatments have included medications and participation in a functional restoration program. When seen, she was ambulating with a cane. There was severe left lower extremity hypersensitivity. ODG addresses the role of lumbar sympathetic blocks. Requirements include fulfilling the Budapest (Harden) criteria for this diagnosis which include reporting at least one symptom in three of the four following categories: sensory hyperesthesia and/or allodynia), vasomotor (temperature asymmetry and/or skin color changes and/or skin color asymmetry), sudomotor/edema (edema and/or sweating changes and/or sweating asymmetry), and motor/trophic (decreased range of motion and/or motor dysfunction, i.e. weakness, tremor, or dystonia and/or trophic changes, i.e. hair, nail, or skin. In this case, the claimant reports only hyperesthesia and there are no physical examination findings that support a diagnosis of CRPS. The changes and the criteria are not met and the requested sympathetic block is not medically necessary.