

<b>Case Number:</b>	CM15-0191049		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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, New York  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old male sustained an industrial injury on 1-17-11. Documentation indicated that the injured worker was receiving treatment for chronic low back and right leg pain with facet arthropathy. Previous treatment included lumbar laminectomy at L3-5 (2011), physical therapy, acupuncture, epidural steroid injections and medications. In a history and physical dated 9-1-15, the injured worker the injured worker complained of back pain with radiation to the right lower extremity. Physical exam was remarkable for decreased sensation to pinprick at the right L4-S1 distribution with dysesthesia to superficial touch over the lateral portion of the right leg. The right leg was "dusky and colder" than the left. The physician stated that he believed the injured worker might have a sympathetically mediated pain because he described his pain as a pressure type pain, made worse with exercise and weight bearing on the right lower extremity. The physician recommended a diagnostic sympathetic block, a prescription for Norco, magnetic resonance imaging lumbar spine, six sessions of additional acupuncture and six sessions of additional physical therapy. On 9-15-15, Utilization Review noncertified a request for a diagnostic sympathetic block and physical therapy lumbar spine twice a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic sympathetic block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block).

**Decision rationale:** The request is medically necessary. The recommendations regarding regional sympathetic block in MTUS guidelines are limited to the diagnosis and treatment of CRPS. The patient had symptoms that were similar to CRPS although he lacked official diagnosis. He had lower back pain radiating to right lower extremity with dysesthesias, cool to touch, and dusky in appearance. It is reasonable to prescribe a diagnostic sympathetic block as patient has failed other modalities of treatment.

**Physical therapy lumbar spine 2 times 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Physical Therapy, ODG Preface.

**Decision rationale:** The request for physical therapy for lumbar spine is not medically necessary. The patient has already received an unspecified number of physical therapy sessions without documentation of subjective or objective improvement. The patient should be able to continue a home exercise program. Also according to ODG, there should be an assessment showing improvement after a trial of six sessions in order to continue with more physical therapy. Therefore, the request is considered not medically necessary.