

Case Number:	CM15-0205624		
Date Assigned:	10/22/2015	Date of Injury:	08/29/1995
Decision Date:	12/03/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60-year-old female, with a reported date of injury of 08-29-1995. The diagnoses include brachial neuritis or radiculitis, cervical post-laminectomy syndrome, reflex sympathetic dystrophy, chronic right ankle sprain, foot pain, impingement syndrome of shoulder region, low back pain, lumbosacral radiculitis, neck pain, primary fibromyalgia syndrome, and major depression single episode. The initial pain medicine evaluation report dated 08-25-2015 indicates that the injured worker had constant pain in the left ankle, which increased while standing, walking, stooping, and stretching. The injured worker complained of swelling, and tingling sensations. She rated her pain 7 out of 10 at its best and 9 out of 10 at its worst. The injured worker also had constant pain in the left shoulder, with radiation of pain to the neck. The pain was associated with swelling, numbness, tingling, and burning sensations. She rated the left shoulder pain 7 out of 10 at its best and 9 out of 10 at its worst. It was noted that the injured worker had difficulty with self-care and personal hygiene; and difficulty sleeping at night due to her pain. The physical examination showed depression and withdrawal; mild diffuse tenderness to moderate and deep palpation of the left ankle, primarily at the lateral aspect and across the dorsum of the foot; no evidence of cutaneous hyper or hypoesthesia or allodynia of the left ankle; normal range of motion of the left ankle; negative Tinel's sign; and normal peripheral pulses. There was no documentation of subjective and objective findings regarding the injured worker's low back. The injured worker was currently on temporary total disability. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included acetaminophen with codeine, alprazolam, hydrocodone-

acetaminophen, Lidoderm 5% patch, Lorazepam, Lyrica, Meloxicam, oxycodone-acetaminophen, Ultram, Voltaren 1% gel, Zolpidem, and physical therapy. The treating physician requested a left lumbar sympathetic block. On 09-25-2015, Utilization Review (UR) non-certified the request for a left lumbar sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar sympathetic block: 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): Complex Regional Pain Syndrome (CRPS), Stellate ganglion block.

Decision rationale: MTUS Guidelines support the use of stellate ganglion blocks to support the diagnosis of sympathetic maintained pain syndromes. Its utilization for treatment without a concurrent aggressive rehabilitation program is not Guideline supported. This individual has had at least one prior block with reported benefits for several days to weeks. The requesting physician does not acknowledge or review the prior procedure(s) and does not give rationale as to why this should be repeated. With the prior block(s) there was no proclivity towards rehabilitation and no changes in function were reported. Under these circumstances, the request for the repeat Left lumbar sympathetic block is not supported by Guidelines and is not medically necessary.