MAXIMUS Federal Services

Case Number:	CM15-0208906		
Date Assigned:	10/27/2015	Date of Injury:	02/20/2009
Decision Date:	12/11/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/23/2015

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: North Carolina, Georgia
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:

The injured worker is a 49 year old male, who sustained an industrial injury on 2-20-2009. The injured worker is undergoing treatment for complex regional pain syndrome (CRPS), failed back surgery and possible lumbar arachnoiditis. Medical records dated 8-25-2015 and 9-22-2015 indicate the injured worker complains of back pain with burning sensation in the bilateral lower extremities and difficulty sleeping due to pain. The treating physician indicates the injured worker is not working. Physical exam dated 9-22-2015 notes dysesthesia over the right lower extremity, "dusky looking right toes compared to the left" and decreased sensation of the L4-S1 dermatomes. Treatment to date has included back surgery X2 with fusion and disc replacement, medication and activity alteration. The original utilization review dated 10-15-2015 indicates the request for diagnostic lumbar sympathetic block X1 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Lumbar Sympathetic Block x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Sympathetic blocks, CRPS.

Decision rationale: CA MTUS states that sympathetic blocks are part of a comprehensive approach to management of complex regional pain syndrome and are indicated for use in this condition when other components of management are also implemented, including physical therapy, pharmacologic management and psychological support and assessment. In this case, the record does not document a physical examination which adequately supports a diagnosis of complex regional pain syndrome. Diagnostic lumbar sympathetic block is not medically necessary.