

<b>Case Number:</b>	CM15-0028739		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/01/2003
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38-year-old female who had work related carpal tunnel syndrome reported on 11/01/2003. The injured worker appeared to have developed complex regional pain syndrome (CRPS). The diagnoses include major depression, reflex sympathetic dystrophy of the upper limb, reflex sympathetic dystrophy of the lower limb, and chronic pain disorder. The injured worker has undergone many treatments including cognitive behavioral therapy, a pain management program, sympathetic blocks and home exercise programs. Many diagnostic studies have been performed including an electromyogram in 2009. The injured worker had surgery to correct her carpal tunnel syndrome in 2004. In 2006 she had a spinal cord stimulator implanted for CRPS. Other surgeries include a repositioning of the spinal cord stimulator (undated) and a pocket revision on 10/31/2014. Subjective complaints include headaches, neck pain, pain in the entire spine, pain in the right upper extremity, pain in both lower extremities, weakness in entire body, and numbness in her left arm and feet. Objective findings on physical exam dating 02/27/2012 indicate diffuse tenderness throughout the spine, diminished grip strength in the right hand, and diminished mobility of the right shoulder. Medications include Axert, Imitrex, Cymbalta, 5% Lidoderm patches, baclofen, ibuprofen 800mg, Robaxin, trazadone, Norco 10/325, and Percocet 5/325. The treatment plan is for left lumbar sympathetic block, as well as home health, 6 hrs. per day for 5 days a week, due to the inability to perform activities of daily living.

### 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 Treatment Guidelines Regional sympathetic blocks Page(s): 57, 103-104.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block Page(s): 57.

**Decision rationale:** Per the referenced guidelines, lumbar sympathetic blocks are commonly used for the treatment of sympathetic pain involving the lower extremity. Pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Based on the documentation submitted, the injured worker has undergone prior sympathetic blocks, and documentation has not indicated whether there was an appropriate amount of pain relief, and functional improvement to warrant the need for another treatment. Given the above, the request is not medically necessary.

**Home health, 6 hrs per day for 5 days a week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** According to the referenced guidelines, home health services are recommended only for patients who require medical treatment. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Based on the material submitted for review, there is no indication that the injured worker requires any medical treatment by a home health aide. Furthermore, the request does not provide duration of time the home health services are needed. Given the above, the request for home health, 6 hrs. per day for 5 days a week is not medically necessary.