

<b>Case Number:</b>	CM15-0029718		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	01/04/2007
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: California, Hawaii  
 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 56 year old, male patient, who sustained an industrial injury on 01/07/2007. A primary treating office visit dated 01/29/2015 reported the patient with subjective complaint of right foot, leg and lower back pains. The pain is described as throbbing constantly. Objective findings showed the patient continues to wear the transcutaneous electrical nerve stimulator unit. He did receive a sympathetic block done on 01/21/2015 with no particular relief. The patient is not working. A request was made for a lumbar sympathetic block at L2-3. On 02/13/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain Guidelines, Lumbar Sympathetic Block was cited. On 02/17/2015, the injured worker submitted an application for independent medical review of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One lumbar sympathetic block at L2-L3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block Page(s): 57, 104, 108.

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

**Decision rationale:** The patient presents with right foot, leg, and low back pain. The current request is for Lumbar Sympathetic block, L2-L3. The treating physician states, "He describes the pain to be throbbing 24/7. Since his last follow up appointment the patient states that his pain has not really changed much. With respect to his ADLs, the patient states that his pain is aggravated by the normal daily activities. He did get a sympathetic block done on January 21, 2015. He states that the block did not particularly help, but he did notice he has gotten more sleep then he did in the past. I am not surprised that the first block did not have much effect on him as it has been such a longstanding sympathetically maintained pain. I would suggest another block at this time." (B.145) The MTUS guidelines state, "Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy." In this case, the patient has not been diagnosed with CRPS-I or II. Further there is no indication that the patient began physical therapy after the initial injection as indicated in the MTUS guidelines. The first injection did not provide a 50% reduction of pain and no functional improvements were noted. The current request is not medically necessary and the recommendation is for denial.