

<b>Case Number:</b>	CM15-0033489		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	06/02/1994
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59-year-old female sustained an industrial injury to the back, shoulders and neck on 6/2/94. In the most recent PR-2 submitted for review, dated 1/6/15, the injured worker was there for a routine check-up and medication refills. The injured worker paced with arms on her hips and complained of pain to the lumbar spine, especially at the right sacroiliac joint. The injured worker reported that the cold weather increased her pain and disability. Overall the injured worker was more infirm. Physical exam was remarkable for pain across the upper back, positive straight leg raise and limited range of motion. Current diagnoses included lumbar spine degenerative disc disease, complex regional pain syndrome and increasing disability. The treatment plan included refilling medications (Ultram, Ambien, Celebrex, Cymbalta, Prilosec, Oxymorphone and Toradol).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L2 paravertebral sympathetic block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, CRPS, sympathetic blocks.

**Decision rationale:** The claimant is nearly 20 years status post work-related injury and continues to be treated for chronic pain with diagnoses including CRPS. When seen by the requesting provider, the claimant was having low back pain. The requesting provider documents positive straight leg raising bilaterally and decreased range of motion. ODG addresses the role of lumbar sympathetic blocks. Requirements include fulfilling the Budapest (Harden) criteria for this diagnosis which include reporting at least one symptom in three of the four following categories: sensory hyperesthesia and/or allodynia), vasomotor (temperature asymmetry and/or skin color changes and/or skin color asymmetry), sudomotor/edema (edema and/or sweating changes and/or sweating asymmetry), and motor/trophic (decreased range of motion and/or motor dysfunction, i.e. weakness, tremor, or dystonia and/or trophic changes, i.e. hair, nail, or skin. Additionally, blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. In this case, none of these criteria is met. Therefore the requested sympathetic block is not medically necessary.

**L4/5 or L3/4 translaminar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant is nearly 20 years status post work-related injury and continues to be treated for chronic pain with diagnoses including CRPS. When seen by the requesting provider, the claimant was having low back pain. The requesting provider documents positive straight leg raising bilaterally and decreased range of motion. Criteria for the use of an epidural steroid injection include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no complaints by the claimant or neurological deficits that would suggest radiculopathy. Additionally, there were no imaging or electrodiagnostic test results either presented or referenced. Therefore, the requested lumbar epidural steroid injection is not medically necessary.