

<b>Case Number:</b>	CM15-0034140		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	11/06/2006
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: 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 44 year old female, who sustained an industrial injury on 11/6/06. On 2/24/15, the injured worker submitted an application for IMR for review of Sympathetic nerve block at left L2 and L4. The treating provider has reported the injured worker complained of pain in the right and left arm is returning; migraines are getting worse and back pain remains there is burning sensation on the left and partially on the right side. It is documented the injured worker had bilateral Stellate Ganglion nerve blocks left and right in 12/2014 with 50% benefit over 8 weeks. Prior Stellate Ganglion Blocks were completed in August 2014 with benefit as well. The diagnoses have included Complex Regional Pain Syndrome left lower extremity; neuropathic pain left upper extremity; bilateral wrist, lumbar spine, bilateral knees/ankles sprain/strain, tension headaches/Migraine headaches; sleep impairment; depression with anxiety and panic attacks; Iatrogenic Gastritis; sprain right ankle; cervical spondylosis; brachial neuritis; idiopathic scoliosis. Treatment to date has included status post left Stellate ganglion nerve block (12/1/14) and right Stellate ganglion nerve block (12/15/14); Biofeed back; Spinal Cord Implantation (1/22/14); status post left knee arthroscopy with partial lateral meniscectomy/lateral retinacular release. On 2/17/15 Utilization Review non-certified Sympathetic nerve block at left L2 and L4. The ODG Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sympathetic nerve block at left L2 and L4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS Sympathetic Blocks (Therapeutic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 103-104.

**Decision rationale:** According to the 08/29/2014 report, this patient presents with "pain in the lower back, the pain is described burning, worsening with heat, sitting." The current request is for Sympathetic nerve block at left L2 and L4 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 08/29/2014 and the utilization review letter in question is from 02/17/2015. The patient's disability status is Permanent and Stationary from orthopedic and psychiatric stand points." Regarding Lumbar Sympathetic Block, MTUS states "There is limited evidence to support this procedure, with most studies reported being case studies." MTUS further states "it is advised to not block at L4 to avoid the complication" of Back pain; Hematuria; Somatic block; Segmental nerve injury; Hypotension (secondary to vasodilation); Bleeding; Paralysis: Renal puncture/trauma. Genitofemoral neuralgia. Review of the provided reports show that the patient had a prior left lumbar sympathetic nerve block on 07/21/2013 with "decreased in pain by ~50%." However, in this case, MTUS does not advise Sympathetic Block at the L4 level. Therefore, the requested repeat sympathetic nerve block L2 and L4 IS NOT medically necessary.