

Case Number:	CM15-0081874		
Date Assigned:	05/04/2015	Date of Injury:	09/04/2012
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 30 year old female, who sustained an industrial injury on 9/04/2012. The injured worker was diagnosed as having lumbago and lumbar radiculopathy, status post L4-5 lumbar interbody fusion. Treatment to date has included diagnostics, physical therapy, lumbar spinal surgery (11/17/2014), acupuncture, chiropractic, functional restoration program, and medications. Urine drug screen (1/19/2015) was inconsistent with prescribed medications. Magnetic resonance imaging (4/02/2015) was referenced. Currently, the injured worker complains of left lower extremity pain with numbness in the top part of her thigh down to the anterior, dorsal, and plantar aspect of the left foot. She had good strength in both lower extremities. The treatment plan included a stellate ganglion block for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion block of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 57, 104.

Decision rationale: According to MTUS guidelines, “Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects.” According to MTUS guidelines, lumbar sympathetic block Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. 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.(Colorado, 2002) There is no documentation that the patient developed complex regional syndrome. The patient sustained a chronic back pain without evidence of CRPS. Therefore, the request for Stellate ganglion block of the lumbar spine is not medically necessary.