

<b>Case Number:</b>	CM15-0087911		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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:

This 42 year old male sustained an industrial injury on 6/14/12. He subsequently reported back pain. Diagnoses include left lower leg CRPS of the lower extremities, failed lumbar back syndrome and lumbar radiculopathy. Treatments to date include x-ray and MRI testing, back surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back and left lower extremity pain. Upon examination, gait appears antalgic, tenderness to palpation along lumbar paraspinal muscles and SI joints, straight leg raise test was positive bilaterally. The left foot shows no swelling ,sensitivity or discoloration. A request for Lumbar sympathetic block L3-4 left, with fluoroscopy and monitored anesthesia was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar sympathetic block L3-4 left, with fluoroscopy and monitored anesthesia:** 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.  
Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Diagnostic Blocks  
(therapeutic injections), pages 412-418.

**Decision rationale:** Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Submitted reports have not demonstrated clear indication and medical necessity for the facet blocks as the patient continues to exhibit radicular symptoms with consistent clinical findings and MRI results that indicate stenosis with nerve impingement s/p injections. Additionally, submitted reports show no clear exam findings consistent with facet arthropathy nor is there extenuating circumstances to require multiple vertebral level blocks beyond the guidelines criteria. The Lumbar sympathetic block L3-4 left, with fluoroscopy and monitored anesthesia is not medically necessary and appropriate.