

<b>Case Number:</b>	CM14-0137895		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50 year old male with an injury date of 02/18/09. Based on the progress report provided by [REDACTED] the patient complains of low back pain that radiates to the left lower extremity. Physical examination to the lumbar spine revealed tenderness to palpation to the lumbar musculature, left greater than right. Range of motion was decreased, especially on extension 20 degrees. Straight leg raise test was positive on the left. There was decreased sensation at the L5 or S1 distribution on the left lower extremity. Patient is has lumbar post laminectomy syndrome and is status post L4-5 PLIF 06/19/13. Per progress report dated 08/13/14 by [REDACTED] the patient has positive root tension signs and recommends sympathetic block to avoid surgery. Patient is instructed to remain off work until 09/13/14. Diagnoses on 06/09/14 were lumbar myoligamentous sprain/strain syndrome; multiple lumbar disc disease with left lower extremity radicular symptoms; reactionary depression and anxiety; medication induced gastritis; right knee internal derangement; status post left L4-5 microdiscectomy 12/16/12; status post L4-5 PLIF 06/19/13; and reactionary depression and anxiety. [REDACTED] is requesting Sympathetic nerve block. The utilization review determination being challenged is dated 08/19/14. The rationale is: "the documentation submitted failed to provide evidence of complex regional pain syndrome." [REDACTED] is the requesting provider, and he provided treatment reports from 02/28/14 - 08/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sympathetic nerve block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sym.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympa.

**Decision rationale:** The patient presents with low back pain that radiates to the left lower extremity. The request is for Sympathetic nerve block. The patient is has lumbar post laminectomy syndrome and is status post L4-5 PLIF on 06/19/13. MTUS page 103, 104 states: "Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment." "Lumbar Sympathetic Blocks: There is limited evidence to support this procedure, with most studies reported being case studies." Per provider report dated 08/13/14, the patient has positive root tension signs and is recommended sympathetic block to avoid surgery. In review of reports, the provider has not documented diagnosis of CRPS, which is indicated for the requested procedure. Furthermore, based on guidelines, lumbar sympathetic blocks are under study with limited support for the procedure. The request is not in line with the MTUS. Therefore, this request is not medically necessary.