

<b>Case Number:</b>	CM14-0154899		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 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 54 year old female who was injured on 12/13/2011 when she slipped and fell and twisted her right knee. Prior treatment history has included right knee arthroscopy with partial medial meniscectomy and chondroplasty on 03/05/2012. The patient has received nerve blocks at L3-L4 and L4-L5 on 09/04/2014. There was no documentation noting the patient's response to treatment. According to the UR, the patient was seen on 09/04/2014 with complaints of right knee pain which she rated as 5/10 and can increase to 9/10. She reported difficulty with activities of daily living. Her exam revealed right knee swelling with diffuse tenderness over the entire knee and lower extremity above the ankle with light palpation. Her sensation was increased globally on the right versus the left. She is diagnosed with lateral meniscus tear of the knee, lumbago, and lumbosacral spondylosis. Prior utilization review dated 09/10/2014 states the request for Lumbar Sympathetic Block Right Diagnostic Outpatient is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Sympathetic Block Right Diagnostic:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Block Page(s): 104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Sympathetic blocks

**Decision rationale:** ODG Guidelines do not recommend sympathetic blocks such as this, and are only recommended when all other treatments are contraindicated. There is insufficient evidence contraindicating all other guideline-supported treatments for the patient's symptomatic reflex sympathetic dystrophy. Based on the currently available information and the negative referenced guideline recommendations, the medical necessity for this injection has not been established. The request is non-certified.