

Case Number:	CM14-0162675		
Date Assigned:	10/07/2014	Date of Injury:	09/19/2007
Decision Date:	11/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/02/2014

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 New York. 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 injured worker is a 28-year-old female who reported an injury on 09/19/2007. The mechanism of injury was not provided. Diagnoses included chronic regional pain syndrome of the lower extremities. Past treatments included lumbar epidural sympathetic block at L3-4 on 04/04/2014, TENS unit, physical therapy, and medications. Diagnostic studies were not provided. Surgical history included a trial of a spinal cord stimulator. The clinical note dated 09/03/2014 indicate the injured worker complained of pain in her head, right upper extremity, low back and bilateral legs. She reported 60% pain relief from the previous lumbar sympathetic block. The physical exam revealed decreased range of motion of the lumbar spine with hypersensitivity in the paravertebral lumbar area down in to the sacrum, hypersensitivity with allodynia, hyperpathia, and slight discoloration in the lower extremities, as well as intact sensation and normal strength. Current medications included Percocet 10/325 mg, Voltaren gel 1%, Wellbutrin, Effexor, and Oxycontin 20 mg. The treatment plan included injection lumbar sympathetic block at L3-4. The rationale for the treatment plan was pain control. The Request for Authorization form was completed on 01/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Lumbar Sympathetic Block at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
LUMBAR SYMPATHETIC BLOCK Page(s): 57.

Decision rationale: The request for injection lumbar sympathetic block at L3-4 is not medically necessary. The California MTUS Guidelines indicate that lumbar sympathetic block is recommended for the treatment of pain of the pelvis and lower extremities secondary to chronic regional pain syndrome. 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. Per diagnostic testing, 3 blocks should be used in a 3 to 14 day period. The clinical note dated 09/03/2014 indicated the injured worker complained of pain in the low back and bilateral lower extremities. She reported 60% pain relief and functional improvement from the previous lumbar sympathetic block at L3-4 on 04/04/2014; however, there is a lack of exceptional factors to indicate the need for a repeat block this long after the previous injection. The guidelines indicate that repeat blocks should be completed within a 3 to 14 day period. Therefore, the treatment plan cannot be supported at this time, and the request for injection lumbar sympathetic block at L3-4 is not medically necessary.