

Case Number:	CM14-0176877		
Date Assigned:	10/30/2014	Date of Injury:	03/16/2006
Decision Date:	12/05/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/24/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old female who reported an injury on 03/16/2006. The mechanism of injury was not submitted for clinical review. The diagnoses included right shoulder tendonitis impingement, right elbow lateral epicondylitis, tendonitis, carpal tunnel syndrome, lumbar sprain, disc lesion of the lumbar spine with radiculitis/radiculopathy, right hip trochanteric bursitis, right knee status post ACL reconstruction, anxiety, depression, insomnia, venous varicosity, and stasis edema. The previous treatments included medication, surgery, physical therapy, and pool therapy. The diagnostic testing included an MRI of the lumbar spine dated 08/06/2014. It was noted to reveal mild central canal stenosis and mild to moderate neural foraminal narrowing at multiple levels of the lower lumbar spine. Within the clinical note dated 08/27/2014, it was reported the injured worker complained of continued pain in the right shoulder, neck, low back, and bilateral knees. She rated her pain 10/10 in severity. The lumbar spine pain radiated down to the bilateral legs with burning and numbness. Upon the physical examination, the provider noted the injured worker to have restricted and painful range of motion of the lumbar spine. There was paraspinal tenderness with paraspinal spasms noted. The injured worker had a positive straight leg raise at 75 degrees bilaterally, eliciting pain at the L5-S1 dermatome distribution. The provider noted hypesthesia at the anterior lateral aspect of the foot and ankle. A request was submitted for paravertebral lumbar sympathetic blocks of the left and right. However, a rationale was not submitted for clinical review. A Request for Authorization was submitted and dated 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paravertebral lumbar sympathetic block, right side x 4: 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 CRPS, sympathetic and epidural blocks Page(s): 39-40.

Decision rationale: The request for a paravertebral lumbar sympathetic block right side x 4 is not medically necessary. The California MTUS Guidelines recommend sympathetic and epidural blocks for a limited role, primarily for diagnosis of sympathetically mediated pain as an adjunct to facilitate physical therapy. The guidelines recommend sympathetic blocks primarily for a diagnosis of sympathetically mediated pain as an adjunct to facilitate physical therapy. It should be noted that sympathetic blocks are not specific for CRPS. Blocks are only recommended if continued improvement is observed. Systematic reviews revealed a study of published evidence reporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. There have been no controlled trials to show any significant benefit from sympathetic blockade. Clinical documentation submitted indicated the injured worker complained of lower back pain radiating into the lower extremities. There was evidence of weakness and sensory deficits of L5-S1. However, there is lack of documentation of CRPS in the objective findings suggesting changes, temperature changes, color changes. There is lack of documentation of the efficacy of the previous conservative therapy. Therefore, the request is not medically necessary.

Paravertebral lumbar sympathetic block, left side x 4: 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 CRPS, sympathetic and epidural blocks Page(s): 39-40.

Decision rationale: The request for paralumbar sympathetic block left sided x 4 is not medically necessary. The California MTUS Guidelines recommend sympathetic and epidural blocks for a limited role, primarily for diagnosis of sympathetically mediated pain as an adjunct to facilitate physical therapy. The guidelines recommend sympathetic blocks primarily for a diagnosis of sympathetically mediated pain as an adjunct to facilitate physical therapy. It should be noted that sympathetic blocks are not specific for CRPS. Blocks are only recommended if continued improvement is observed. Systematic reviews revealed a study of published evidence reporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. There have been no controlled trials to show any significant benefit from sympathetic blockade. Clinical documentation submitted indicated the injured worker complained of lower

back pain radiating into the lower extremities. There was evidence of weakness and sensory deficits of L5-S1. However, there is lack of documentation of CRPS in the objective findings suggesting changes, temperature changes, and color changes. There is lack of documentation of the efficacy of the previous conservative therapy. Therefore, the request is not medically necessary.