

Case Number:	CM14-0201755		
Date Assigned:	12/11/2014	Date of Injury:	12/02/2005
Decision Date:	12/19/2014	UR Denial Date:	11/14/2014
Priority:	Expedited	Application Received:	12/02/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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:

This is a 36 year old female worker with date of injury 12/2/05 with related back and leg pain. Per progress report dated 11/21/14, the injured worker complained of low back pain with radiation down the left lower extremity. The radiation is down the posterior lateral left lower extremity thigh and lower leg. She rated her pain 2/10 in severity at the time of examination. She was status post L5-S1 discectomy in 2006, followed by 2 epidural blood patches and 1 scar tissue adhesiolysis surgery. Per physical exam there was tenderness to palpation over the lumbar spine. Positive straight leg raise on the left side. Sensation was reduced at S1 distribution, otherwise intact to light touch in the left lower extremity. Tenderness in the left SIJ (sacroiliac joint) region. Strength was intact in the bilateral lower extremities. Reflexes were 2/4 symmetric in the bilateral patella, 2/4 in the right Achilles, and 1/4 in the left Achilles. Left leg hyperesthesias and allodynia were noted. An EMG dated 7/3/14 revealed electrical findings consistent with a left S1 radiculopathy with reinnervation and without acute denervation. There was no evidence of peripheral neuropathy or entrapment neuropathy. Treatment to date has included acupuncture, physical therapy, and medication management. The date of UR decision was 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic Nerve Block without Steroid - left L2-L3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic block Page(s): 57.

Decision rationale: Per MTUS with regard to lumbar sympathetic block: "Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. 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. Should be followed by intensive physical therapy." The practitioner is trying to diagnose if the injured worker has sympathetically mediated pain or CRPS, because the injured worker has allodynia and hyperesthesias. The request for sympathetic nerve block without steroid - left L2-L3 is medically necessary.