

Case Number:	CM14-0214122		
Date Assigned:	01/07/2015	Date of Injury:	05/11/2006
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female with an injury date on 5/11/06. The patient complains of improved pain in her lumbar spine which is her "normal" low back pain per 11/18/14 report. The patient is able to walk with assistance of her walker, but cannot lift/push anything more than 10 pounds right now per 10/14/14 report. The patient has 60% benefit from use of Duragesic patches, which helps her do all her activities of daily living, and her work as a high school teacher 5 days a week, 8 hours a day per 11/18/14 report. The patient describes her back pain as decreasing to 4/10, her left hip pain as 2/10, her right hip pain as 1/10, her left leg pain as increased to 5/10, and right leg/foot pain as 3/10 per 11/18/14 report. Based on the 11/18/14 progress report provided by the treating physician, the diagnoses are: 1. Lumbosacral neuritis NOS/HIZ 2. postlaminectomy syndrome – lumbar 3. Coccyx fracture. A physical exam on 11/18/14 showed "L-spine range of motion is reduced with right lateral flexion at 10 degrees. Skin intact without erythema, rash, or lesions." The patient's treatment history includes medications, prior multiple lumbar surgeries, physical therapy, TENS, heat treatment, epidural steroid injection, facet joint injection. The treating physician is requesting sympathetic ganglion block. The utilization review determination being challenged is dated 11/26/14. The requesting physician provided treatment reports from 4/22/14 to 12/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic Ganglion Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with lower back pain. The treater has asked for sympathetic ganglion block on 11/18/14. Review of the reports do not show any evidence of prior sympathetic ganglion blocks being done in the past. Regarding regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), MTUS recommends for CRPS. In this case, the patient does not present with allodynia, hyperalgesia, or any other abnormal symptoms of the skin. The patient does not have a diagnosis of CRPS, nor does she exhibit any of its hallmark symptoms. The treater does not provide an explanation for the necessity of the the requested left stellate ganglion block. The request is not medically necessary.