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| <b>Case Number:</b>   | CM14-0216851 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 08/29/2010 |
| <b>Decision Date:</b> | 02/28/2015   | <b>UR Denial Date:</b>       | 12/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/26/2014 |

### 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 injured worker is a 34-year-old female, with a reported date of injury of 08/29/2010. The results of the injury were low back pain, right knee pain, complex regional pain syndrome of the right lower extremity, and sleep disturbance. The current diagnosis includes low back pain. The past diagnosis includes low back pain. Treatments have included Norco, Naproxen, right lumbar sympathetic nerve block at L2-L3 on 07/29/2014, physical therapy, and six (6) sessions of chiropractic treatment. The visit note dated 11/24/2014 indicates that the injured worker continued to have pain due to not receiving her medications. She stated that she needed to stop physical therapy, yoga, and other rehabilitative treatments due to the pain. She stated that she was unable to sleep, could not function, and had decreased range of motion in her knees and low back due to not being able to continue with physical therapy. The injured worker rated her pain 9 out of 10, without medications and 10 out of 10 with activity. She contributed her increased episodes of headaches to withdrawal from her medication. It was noted that the injured worker wanted a repeat sympathetic nerve block, since she was not getting relief by any other means. The objective findings included normal muscle tone without atrophy of the bilateral lower extremities. The treating physician documented that the injured worker found 20-30% reduction in her pain with the nerve block, and she stated that her pain went from a 9 out of 10 down to a 6 out of 10 with the nerve block. The injured worker's work status was permanent and stationary. The physical therapy reports, chiropractic treatment reports, and physical examination of the lumbar spine were not included in the medical records provided for review. On 12/06/2014, Utilization Review (UR) denied the request for one (1) right lumbar sympathetic block as an

outpatient. The UR physician noted that there was no documentation of functional improvement or medication sparing effect with the previous injection, and no documentation of at least 50% pain reduction. The ACOEM guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 Right lumbar synthetic block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The patient developed CRPS in the right lower extremity following a knee surgery. She has been treated in the past with sympathetic blocks providing 40-50% relief, lasting 2-3 months. The most recent sympathetic block was on 7/29/14. On 11/24/14, the physician requested another block. MTUS Chronic Pain Medical Treatment Guidelines, pages 103-104 for Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) states: These blocks can be used diagnostically and therapeutically. And sympathetic therapy should be accompanied by aggressive physical therapy to optimize success. The lumbar sympathetic block for CRPS is in accordance with MTUS guidelines. The request for 1 right lumbar sympathetic block as an outpatient is medically necessary.