

Case Number:	CM14-0218467		
Date Assigned:	01/08/2015	Date of Injury:	09/16/2001
Decision Date:	03/09/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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 31 year old male who sustained a work related injury on September 16, 2001, after wood lumber fell onto his left leg causing contusions and swelling. There was no fracture found in the leg. The treating physician reported that in 2004, the injured worker had several sympathetic blocks and local blocks with Lidocaine and steroids. He had a trial of a spinal cord stimulator which had no effect on pain relief. He had been seen by neurology and psychiatry consultants. Other treatments included a variation of pain medication, muscle relaxant and anti-depressant medications and physical therapy. It was noted on examination there was a 3 centimeter of thigh atrophy and 10 centimeter of calf atrophy of the left leg. In 2009, he was stated as totally permanently disabled. He had limited range of motion. He had a 50% reduction in passive range of motion. He was diagnosed with dystrophy reflex sympathetic of the left lower limb. On November 14, 2014, pain was rated at 7/10 with tenderness noted on palpation. He had previously undergone lumbar sympathetic blocks with good relief of pain. A request for further lumbar sympathetic nerve block was made. On December 16, 2014, according to the Utilization Review, a request for a lumbar sympathetic nerve block was non-certified. Official Disability Guidelines (ODG) states that therapeutic use of sympathetic blocks is only recommended in cases that a positive response to diagnostic blocks and diagnostic criteria are fulfilled. Sympathetic blocks are not stand alone treatment and should be in conjunction with physical therapy and /or occupational therapy. They should only be performed if there is any evidence on increased range of motion, pain and medication use reduction and increased tolerance of activity and touch. There was a lack of documentation showing the injured worker

had any recent physical therapy or increased range of motion or decrease with pain or medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathectomy Page(s): 39. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, CRPS Sympathetic nerve blocks

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Regional sympathetic blocks (stellate ganglion block, tho.

Decision rationale: This patient presents with chronic left leg pain with positive atrophy, allodynia and decreased strength. The patient has a diagnosis of RSD of the lower extremity. The current request is for LUMBAR SYMPATHETIC NERVE BLOCK. MTUS, page 39-40 states: "CRPS, sympathetic and epidural blocks. Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting 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. No controlled trials have shown any significant benefit from sympathetic blockade." "Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; Poor coping skills; Litigation." MTUS p103-104 also states: "Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion block (SGB) (Cardiothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. "As documented in progress report dated 11/14/14, the patient underwent a previous sympathetic block "some time go" with "good relief of pain." In review of the provided medical records, there is no objective evidence of significant and sustained improvements with the prior block. Repeated blocks are only recommended if continued improvement is observed. Therefore, the request IS NOT medically necessary.