

<b>Case Number:</b>	CM15-0112257		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 42 year old female, who sustained an industrial injury on 7/16/13. The injured worker was diagnosed as having complex regional pain syndrome of the right foot. Treatment to date has included multiple lumbar sympathetic blocks, physical therapy, and medication including Tapentadol and Gabapentin. The injured worker reported pain after the injections was more intermittent and she was able to participate in more activities. Physical examination findings on 5/6/15 included redness and slight swelling in the right foot. Mottled skin on the right foot, tenderness to palpation, and diminished range of motion by 90% in all directions were also noted. Currently, the injured worker complains of right foot pain. The treating physician requested authorization for a left side lumbar sympathetic block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left side lumbar sympathetic block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-104.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-104.

**Decision rationale:** MTUS Guidelines state, "There is limited evidence to support this procedure, with most studies reported being case studies." These blocks are indicated for chronic regional pain syndrome (CRPS) when accompanied by physical therapy. For repeat injections, ODG Guidelines require 50% reduction of pain for a sustained period with documentation of pain medication reduction, improved function and/or return to work. The medical records submitted in this case indicate that the patient has had multiple sympathetic blocks in the past, the last with only intermittent pain relief and increase in function that is not well-documented. There is also no indication of decreased medication usage. Therefore, this request is not medically necessary.