

Case Number:	CM15-0113126		
Date Assigned:	06/19/2015	Date of Injury:	05/07/2001
Decision Date:	07/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old male patient who sustained an industrial injury on 08/11/2011. A recent follow up visit dated 04/23/2015 reported chief complaint of bilateral leg pain. The last interventional procedure was on 02/16/2015 when the patient received a left lumbar sympathetic block under fluoroscopy and noted with a two-week temporary relief of symptom. The patient is found allergic to Toradol. Current medication is Cymbalta. The assessment found the patient with chronic pain due to trauma, reflex sympathetic dystrophy of the lower limb, and phantom limb syndrome. The plan of care involved the recommendation to have a spinal cord stimulator trial, undergo a thoracic magnetic resonance imaging study, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 Sympathetic Nerve Block with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 40, 103-104.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Stellate and Sympathic blocks.

Decision rationale: This claimant was injured now about 4 years ago. As of April, there is bilateral left pain. A prior block gave two weeks of relief. Objective functional improvement is not known. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding stellate ganglion injections, the ODG notes: Lumbar Sympathetic Blocks: There is limited evidence to support this procedure, with most studies reported being case studies. Sympathetic therapy should be accompanied by aggressive physical therapy to optimize success. Complications: Back pain; Hematuria; Somatic block; Segmental nerve injury; Hypotension (secondary to vasodilation); Bleeding; Paralysis: Renal puncture/trauma. Genitofemoral neuralgia can occur with symptoms of burning dysesthesia in the anteromedial upper thigh. It is advised to not block at L4 to avoid this complication. Given the adverse evidence-based recommendation, the request is not medically necessary.