

<b>Case Number:</b>	CM15-0117875		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, Texas, New Mexico  
 Certification(s)/Specialty: Anesthesiology

### 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 45 year old female who sustained an industrial injury 12/25/12. The mechanism of injury was unclear. She currently complains of right foot and ankle pain; right leg weakness; back pain lower right side; swelling of the lower extremities; night sweats; anxiety; depression; difficulty sleeping. Medications are gabapentin, ibuprofen, Imitrex, lidocaine 5% adhesive patch, Lidocaine 5% topical ointment, omeprazole, trazadone. Diagnoses include closed fracture of calcaneus; reflex sympathetic dystrophy of lower extremities; depressive disorder; anxiety. Treatments to date include periodic sympathetic nerve blocks; cognitive behavioral therapy; medications; physical therapy; home exercise program. Diagnostics include MRI (3/19/15) showing degenerative changes and effusion; electromyography; imaging studies of the feet and lower extremities. On 6/5/15, Utilization Review evaluated the request for right lumbar sympathetic block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lumbar sympathetic block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block Page(s): 57, 104.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Blocks Page(s): 57, 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Sympathetic block.

**Decision rationale:** This is a review for the requested right lumbar sympathetic block. According to the MTUS and ODG guidelines, it is recommended for lower extremity pain treatment secondary to CRPS although there is limited evidence to support the procedure. In order to determine if there was a positive response pain relief should be 50% or greater for the duration of the local anesthetic. According to the medical record, this patient had some relief with the previous lumbar sympathetic block but the amount and duration of this relief is unspecified. In addition, the adequacy of the block should be determined by measuring skin temperature. There should be a notable increase of skin temperature on the side of the block. The medical record indicates skin temperature was measured but does not indicate if there was a notable increase in temperature on the side of the block. For these reasons, the above listed issue is considered not medically necessary.