

Case Number:	CM15-0120618		
Date Assigned:	07/01/2015	Date of Injury:	02/06/1981
Decision Date:	07/30/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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

Certification(s)/Specialty: Emergency 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 was a 55-year-old female, who sustained an industrial injury, February 6, 1981. The injury was sustained in a fall at work. The injured worker previously received the following treatments random laboratory studies had inconsistent findings, bilateral lumbar sympathetic block, lumbar x-rays, Methadone, Percocet, Baclofen, Oxycontin, Zolpidem, Zyprexa and Toradol. The injured worker was diagnosed with CRPS (complex regional pain syndrome), left shoulder pain, status post multiple peripheral nerve injuries post proximal peripheral nerve injuries post proximal humeral fracture, left upper extremity Biomet reverse prosthesis, left C5 nerve root block, left cervical sympathetic (stellate) ganglion block, neuropathic pain and left shoulder arthroplasty. According to progress note of May 5, 2015, the injured worker's chief complaint was a lot of pain. The injured worker has licking salt to relieve leg cramps and it was working. Lumbar spine x-rays taken and reviewed. The treating physician felt the x-rays looked good. The progress note of March 12, 2015 was five days post bilateral lumbar sympathetic block. The injured worker was totally pain free to the pinch test. There was no tenderness of the medial area. According to the progress note, the injured worker continued to use mediations at the same clip and same rate. The treatment plan included one bilateral lumbar sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar sympathetic block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS), Sympathetic and Epidural Blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 57 Lumbar sympathetic block Page(s): 57.

Decision rationale: The requested bilateral lumbar sympathetic block, is not medically necessary. CA MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines Page 57. Lumbar sympathetic block, note "Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy. (Colorado, 2002)" The injured worker was diagnosed with CRPS (complex regional pain syndrome), left shoulder pain, status post multiple peripheral nerve injuries post proximal peripheral nerve injuries post proximal humeral fracture, left upper extremity Biomet reverse prosthesis, left C5 nerve root block, left cervical sympathetic (stellate) ganglion block, neuropathic pain and left shoulder arthroplasty. According to progress note of May 5, 2015, the injured worker's chief complaint was a lot of pain. The injured worker has licking salt to relieve leg cramps and it was working. Lumbar spine x-rays taken and reviewed. The treating physician felt the x-rays looked good. The progress note of March 12, 2015 was five days post bilateral lumbar sympathetic block. The injured worker was totally pain free to the pinch test. There was no tenderness of the medial area. According to the progress note, the injured worker continued to use medications at the same clip and same rate. The treating physician has not documented criteria sufficient to establish the medical necessity for another block, including a lack of documentation of reduced medication intake since the previous block. The criteria noted above not having been met, bilateral lumbar sympathetic block is not medically necessary.