

<b>Case Number:</b>	CM15-0125337		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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(n) 56 year old female, who sustained an industrial injury on 1/19/12. She reported injury to her knees. The injured worker was diagnosed as having status post right total knee arthroplasty, complex regional pain syndrome, right saphenous neuralgia and right knee enthesopathy. Treatment to date has included a diagnostic right lumbar sympathetic block on 3/18/15 with 60% pain relief, Gabapentin and Lidoderm. As of the PR2 dated 5/28/15, the injured worker reports 6/10 pain in the right lower extremity. Objective findings include a negative McMurray's sign and normal bilateral knee range of motion. The treating physician requested a right L3 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 at L3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

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

**Decision rationale:** CA MTUS states that there is limited evidence to support lumbar sympathetic blocks with most studies being reported as case studies. MTUS says that 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. In this case, the request is for a second lumbar sympathetic block. The first block was on 3/18/2015 which reportedly provided 60% relief, as well as a sensation of warmth and increased functionality. However, there is no documentation submitted of objective functional improvement as noted on the physical exam. Guidelines also state that lumbar blocks should be followed by intensive physical therapy, which the records do not report in this case. Therefore the request cannot be deemed medically necessary.