

<b>Case Number:</b>	CM15-0128549		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 22 year old male with an industrial injury dated 06/11/2013. His diagnoses included reflex sympathetic dystrophy and chronic regional pain syndrome of lower limb. Prior treatment included TENS, physical therapy and medications. He presents on 06/02/2015 status post left lumbar sympathetic block. The injured worker noted he received between two to four days with almost complete relief in his left lower extremity. Pain had returned to his baseline level. Physical examination showed the left lower extremity to have less overall allodynia than on previous visit. Swelling is also less prominent as well. Treatment plan was for a neurostimulator. The provider recommended four separate treatments over the course of 30 days of percutaneous electrical stimulation of targeted peripheral nerves in an effort to reduce the patient's pain level, decrease medication consumption, reduce overall inflammation and improve functional levels. The provider documents the injured worker has trialed and failed multiple conservative, non-surgical modalities such as transcutaneous electrical nerve stimulator, physical therapy/therapeutic exercises and pharmacological therapy including oral and compounded medications. The treatment request is for PENS (percutaneous electrical nerve stimulator) x 4 separate treatments over 30 days and for second left lumbar sympathetic block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Second Left Lumbar Sympathetic Block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Blocks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), p104.

**Decision rationale:** The claimant sustained a work-related injury in June 2013 and continues to be treated for left lower extremity pain including a diagnosis of CRPS. A left lumbar sympathetic block was performed on 04/20/15. When seen on 04/24/15 there had been a decreased in symptoms after the recent injection. He had ongoing allodynia. There was decreased left lower extremity temperature with hyperesthesia and allodynia. There was pain with palpation and generalized ankle instability. On 06/02/15 he reported that beginning one week before he had noted 2-4 days of near complete left lower extremity pain relief. Physical examination findings included less allodynia and swelling. He had increased his gabapentin dose to 800 mg twice per day. A repeat sympathetic block and four separate treatment sessions of PENS was requested. Lumbar sympathetic blocks can be recommended for select condition and can be used diagnostically and therapeutically. They should be accompanied by intensive physical therapy to optimize success. In this case, physical therapy is not being actively planned. Sympathetic blocks are not a standalone treatment. The requested second injection cannot be considered as medically necessary.

## **PENS x 4 Separate Treatments over 30 Days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PENS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Percutaneous electrical nerve stimulation (PENS).

**Decision rationale:** The claimant sustained a work-related injury in June 2013 and continues to be treated for left lower extremity pain including a diagnosis of CRPS. A left lumbar sympathetic block was performed on 04/20/15. When seen on 04/24/15 there had been a decreased in symptoms after the recent injection. He had ongoing allodynia. There was decreased left lower extremity temperature with hyperesthesia and allodynia. There was pain with palpation and generalized ankle instability. On 06/02/15 he reported that beginning one week before he had noted 2-4 days of near complete left lower extremity pain relief. Physical examination findings included less allodynia and swelling. He had increased his gabapentin dose to 800 mg twice per day. A repeat sympathetic block and four separate treatment sessions of PENS was requested. Percutaneous electrical nerve stimulation (PENS) is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and

TENS, have been tried and failed or are judged to be unsuitable or contraindicated. It is generally reserved for patients who fail to get pain relief from TENS, due to physical barriers to the conduction of the electrical stimulation, for example, scar tissue or obesity. However, adjunctive treatment is not being actively planned. PENS is not a standalone treatment. The requested percutaneous electrical peripheral nerve stimulation treatments are not medically necessary.