MAXIMUS Federal Services

Case Number:	CM15-0146717		
Date Assigned:	08/10/2015	Date of Injury:	08/25/2010
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/30/2015

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: Texas, New York, 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 applicant is a represented 39-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 25, 2010. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve a request for a left-sided lumbar sympathetic block. The claims administrator referenced a June 26, 2015 progress note and an associated July 15, 2015 RFA form in its determination. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. On June 26, 2015, the applicant reported ongoing, multifocal complaints of neck, bilateral shoulder and bilateral hand pain, collectively scored at 8/10. 4/5 left upper extremity strength versus 5/5 right upper extremity strength was noted. Dyesthesias and allodynia about the left upper extremity were reported. The applicant was given diagnoses of cervical radiculopathy, cervical myelopathy, cervical strain, complex regional pain syndrome, left upper extremity, complex regional pain syndrome of left lower extremity, shoulder pain status post shoulder surgery, anxiety, and depression. The applicant was given refills of Dilaudid and Flexeril. The applicant was asked to employ lumbar sympathetic injection. The applicant did exhibit an antalgic gait but was apparently not using a cane, crutch, or walker. The attending provider then stated toward the bottom of the note that the applicant had issues with allodynia about the left lower extremity toward the bottom of the note, although the bulk of the applicant's commentary comprised of discussion of the applicant's upper extremity issues.The remainder of the file was surveyed. A June 24, 2015 medical-legal evaluation stated that the applicant had received extensive physical therapy, shoulder surgery, a shoulder cortisone injection, and

multiple epidural steroid injections, without relief. The applicant had, thus, developed derivative issues with depression and anxiety. The applicant was using Flexeril, Neurontin, Norco, Dilaudid, Xanax, Wellbutrin, alprazolam, and Risperdal, it was reported. The applicant was not currently working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sympathetic block to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: No, the request for a left lumbar sympathetic block was not medically necessary, medically appropriate, or indicated here. While page 57 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that lumbar sympathetic blocks are used for the diagnosis and treatment and pain of the lower extremities secondary to complex regional pain syndrome and can be employed for differential diagnoses purposes, here, however, the June 26, 2015 progress note did not clearly state whether the applicant had or had not prior lumbar sympathetic blocks prior to the date of the request and, if so, what the response to the same was. Page 57 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that pursuit of repeat blocks should be predicated on evidence of functional improvement with earlier blocks and further stipulates that usage of lumbar sympathetic blocks should be followed by intensive physical therapy. Here, the applicant was off of work, it was acknowledged on a medical-legal evaluation of June 24, 2015. It did not appear that the applicant was intent on employing the proposed left lumbar sympathetic block in conjunction with intensive physical therapy, a program of functional restoration, and/or intensive home exercises. The requesting provider did not detail the applicant's response to earlier lumbar sympathetic blocks (if any). Therefore, the request was not medically necessary.