

<b>Case Number:</b>	CM15-0174890		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/24/2003
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 57 year old female, who sustained an industrial injury on 04-24-2003. She has reported subsequent low back and left lower extremity pain and was diagnosed with chronic pain syndrome, reflex sympathetic dystrophy of lower extremity, carpal tunnel syndrome, radial styloid tenosynovitis and disorder of bursa of shoulder region. Treatment to date has included oral pain medication and at least 5 sessions of aquatic physical therapy. The injured worker was noted to have an improvement of symptoms with aquatic physical therapy. During a 06-23-2015 office visit, the physician noted that the injured worker had a left sided lumbar sympathetic block attempted on 05-09-2014 but had been unable to tolerate the procedure and thus it was aborted and that a request for an extension of the originally approved procedure without anesthesia was being made. In a progress note dated 08-18-2015 the injured worker reported increased nerve pain in the left thigh and groin. Objective examination findings showed an antalgic gait favoring the left and forward flexed body posture. The physician noted that a lumbar sympathetic nerve block for left lower extremity chronic regional pain syndrome (CRPS) and concurrent aquatic therapy for balance and gait training was recommended. The injured worker was noted to be unable to tolerate land physical therapy, and was becoming more sedentary with a heavier reliance on medications. The physician noted that the injured worker had experienced greater than 50% improvement in symptoms with sympathetic nerve blocks in the past. A request for authorization of left lumbar sympathetic block for left lower extremity CRPS without monitored anesthesia care was submitted. At utilization review (08-31-2015), the

request for left lumbar sympathetic block for left lower extremity CRPS without monitored anesthesia care was denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left lumbar sympathetic block for left lower extremity CRPS without monitored anesthesia care:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lumbar sympathetic block.

**Decision rationale:** CA MTUS Guidelines state that lumbar sympathetic blocks (LSB) are useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to chronic regional pain syndrome. (CRPS). For a positive response and indication for a repeat block, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. LSB should be followed by intensive physical therapy. In this case, the patient has reflex sympathetic dystrophy (RSD) of the lower extremity and complains of pain in the left thigh and groin. At the recent 8/18/2015 visit there were no physical findings documented consistent with the diagnosis of RSD. The patient has had greater than 50% improvement with previous nerve blocks. A note dated 6/23/2015 stated a previous LSB had to be cancelled due to procedural discomfort that required anesthesia. Therefore, due to the lack of documentation of pain relief from prior injections, lack of objective findings supporting the diagnosis on physical exam, and the patient's inability to tolerate the previous procedure, the request is deemed not medically necessary or appropriate at this time.