

Case Number:	CM15-0064116		
Date Assigned:	04/10/2015	Date of Injury:	12/05/2006
Decision Date:	05/08/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/03/2015

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: Physical Medicine & Rehabilitation

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 46-year-old male, who sustained an industrial injury on 12/05/2006. Currently, the injured worker complains of lower back pain with radiation up and down left side. Pain was rated 1 on a scale of 1-10. Left knee pain with radiation in the left leg was noted and rated 4. Treatment to date has included physical therapy, MRI, knee surgery, medications, spinal cord stimulator and epidural injections. Medications included aspirin and Xanax. Diagnoses included chronic pain syndrome/complex regional pain syndrome, other chronic postoperative pain and spinal cord stimulator implant. The treatment plan included medications, one-day multidisciplinary evaluation and left L2, L5 sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic block L2, L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), page 104.

Decision rationale: Submitted reports have not adequately demonstrated specific neuropathic symptoms and clinical findings. The patient has undergone previous lumbar injections; however, no specific functional gains in ADLs, decrease in medication, utilization of care or evidence of concurrent therapy as part of functional restoration approach was demonstrated. There is also no report of failed conservative trial of therapy or medication documented. General consensus by the guidelines on sympathetic nerve blocks are not recommended as there is limited evidence to support for this procedure given the lack of evidenced-based studies indicating efficacy and improved functional outcome. The sympathetic blocks play a limited role primarily for diagnosis of sympathetically mediated pain as an adjunct to facilitate physical therapy. The Lumbar sympathetic block L2, L5 is not medically necessary and appropriate.