

Case Number:	CM15-0071000		
Date Assigned:	04/21/2015	Date of Injury:	05/17/2007
Decision Date:	05/21/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/15/2015

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 52 year old male, who sustained an industrial injury on May 17, 2007. The injured worker was diagnosed as having complex regional pain syndrome and neuralgia of right upper extremity, indwelling cervical spine cord stimulation device, severe cervical and trapezius myofascial pain and possible migratory complex regional pain syndrome (CRPS) of lower extremity. Treatment and diagnostic studies to date have included injections, spinal cord stimulator and medication. A progress note dated March 12, 2015 provides the injured worker complains of neck, right shoulder, right arm and left leg and knee pain. He reports increased arm and facial pain as well as leg pain even with stimulator implant. Physical exam notes mild to moderate distress, severe pain with slight movement of right upper extremity and color changes to the right knee. The plan includes injection of upper extremity, injection of lumbar area and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic block injection times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low back, Pain, Lumbar sympathetic block.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block Page(s): 39-40, 103-104.

Decision rationale: The patient presents with right neck, shoulder, arm, and left lower extremity and knee pain. The request is for Lumbar sympathetic block injection times 3. The request for authorization is dated 03/12/15. He has a spinal cord stimulation device in his cervical spine. He has undergone right arm injections and trigger point injections in the right upper extremity. Physical examination of the right arm reveals decreased range of motion with inability to extend at the elbow, pain with slight manipulation, allodynia, hyperpathia and hypersensitivity. He has structural right shoulder pain with decreased range of motion. Examination of the left lower extremity reveals some allodynia, hyperpathia and color changes in the knee and pretibial region to the foot. Cooler temperature in left foot compared to right. Possibly migratory RSD/CRPS to left lower extremity. Patient's medications include Norco, Lidoderm patch, Lunesta, Trazadone, Cymbalta, Intermezzo, Soma, Topamax and Oxycontin. The patient's work status is not provided. MTUS, page 39-40 states: "CRPS, sympathetic and epidural blocks. Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade." "Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; Poor coping skills; Litigation." MTUS p103-104 also states: "Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies." Per progress report dated 03/12/15, treater's reason for the request is "in order to facilitate physical therapy, as well as providing diagnostic and therapeutic benefit." In this case, the treater is requesting a repeat Lumbar Sympathetic Block, which was previously authorized on 01/13/15. MTUS recommends repeat blocks if continued improvement is observed. Per progress report dated 03/12/15, treater states "I performed lumbar sympathetic blockade to help with his physical therapy. I am thus requesting this procedure... as they reduce the patient's pain by 60%." However, the treater does not provide any discussion regarding any functional improvement or medication reduction following the previous injection. In fact, the patient's symptoms appear to be getting worse. Per progress report dated 03/12/15, treater states, "Patient with worsening RSD/CRPS symptoms despite medications, and spinal and peripheral stimulation. The patient is unable to perform physical therapy because of the pain." It does not appear that the patient has had any significant benefit following the previous injection. MTUS states that there is limited support for this procedure and should be used primarily for diagnosing CRPS and as an adjunct to therapy. Therefore, the request is not medically necessary.