

Case Number:	CM15-0071702		
Date Assigned:	04/21/2015	Date of Injury:	09/18/2006
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/14/2015

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: Arizona, California
 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 64 year old female, who sustained an industrial injury on 9/18/06. She reported initial complaints of right leg, feet, arms, neck and low back. The injured worker was diagnosed as having spinal cord stimulator; pain in the joint ankle/foot; pain in the joint lower leg pain; pain in the joint pelvic region/thigh; pain in the joint hand; pain in the joint forearm/upper arm; pain in the joint shoulder region; reflex sympathetic dystrophy lower limb; reflex sympathetic dystrophy upper limb. Treatment to date has included lumbar sympathetic nerve blocks; spinal cord stimulator (11/2012); status post right stellate ganglion block (12/17/14); urine drug screening; medications. Currently, the PR-2 notes dated 3/16/15 indicate the injured worker complains of primarily of the same right upper extremity and right lower extremity as the last visit rating the pain as 9/10 scale. The injured worker has had two epidural steroid injections and lumbar sympathetic blocks in the past (9/11/14) with several weeks of pain relief. She has been denied the stellate ganglion block and lumbar sympathetic block on the right. Currently, the injured worker is barely ambulating due to pain. Pain levels without medications 10/10 and with 7/10. The medications keep her functional and allowed for increased mobility. The notes submitted also include a procedure report for right stellate ganglion block completed 12/17/14. The provider is requesting a Right lumbar sympathetic block; left lumbar sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar sympathetic block; left lumbar sympathetic block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ODG and back pain pg 87.

Decision rationale: According to the guidelines, sympathetic therapy/blocks are not recommended due to lack of effectiveness of therapy. In this case, the claimant had received ganglion blocks, prior sympathetic blocks and medications. The ACOEM guidelines as well do not recommend invasive procedures since they provide short-term benefit. As a result, the request for sympathetic block above is not medically necessary.