

Case Number:	CM15-0072942		
Date Assigned:	04/23/2015	Date of Injury:	11/29/2010
Decision Date:	06/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/16/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker was a 41 year old female, who sustained an industrial injury, November 29, 2010. The injured worker previously received the following treatments 3 right lumbar sympathetic block under fluoroscopy on October 2, 2014, Norco, compound cream, Gabapentin, random toxicology laboratory testing was positive for Lorazepam, Oxazepam, Temazepam and Nordiazepam on February 25, 2015. The injured worker was diagnosed with right foot pain, reflex sympathetic dystrophy, lumbar radiculopathy, degenerative disc disease, and facet arthropathy and myofascial pain syndrome. According to progress note of March 18, 2015, the injured workers chief complaint was right foot pain. The pain was described as sharp, dull/aching, burning and stinging. The pain was rated at previous good day at 9 out of 10, current pain 3 out of 10, bad day previous and current 10. The duration of pain was frequent. The physical exam noted the injured worker's complaint of depression and anxiety. The sensory pin exam noted an increase to pain with palpation dorsal aspect of right foot and thigh. The light touch exam noted an increase in pain with palpation dorsal aspect of the right foot and thigh. The lower extremity strength was normal. The injured worker walked with an antalgic and weak gait. There were bilateral spasms to the lumbar spine. According to the progress note of October 16, 2014 after the third right lumbar sympathetic block, the injured worker had increased pain with palpation at the dorsal aspect of the right foot and thigh; this was after the third right lumbar sympathetic block injections completed on October 2, 2014. The treatment plan included right lumbar sympathetic block 3, on March 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar sympathetic block x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 57, 104.

Decision rationale: According to MTUS guidelines, "Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects." According to MTUS guidelines, lumbar sympathetic block Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy. (Colorado, 2002) The records indicate that the patient underwent 3 right lumbar sympathetic block under fluoroscopy on October 2, 2014. However, there is no evidence of increased range of motion, functional improvement, and pain and medication use reduction. In addition, there is no documentation that the treatment will be followed by physical/occupational therapy sessions. Therefore, the request for right Lumbar Sympathetic Nerve Block x3 is not medically necessary.