

Case Number:	CM15-0078333		
Date Assigned:	04/29/2015	Date of Injury:	02/06/1981
Decision Date:	05/26/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54-year-old female injured worker suffered an industrial injury on 02/06/1981. The diagnoses included chronic regional pain syndrome of the left lower extremity, left upper extremity and right lower extremity. Left upper extremity Biomet reverses prosthesis and spinal cord stimulator. The injured worker had been treated with medications, surgeries and nerve blocks. On 4/13/2015 the treating provider reported the last block lasted only 2 weeks. The pain is in the thighs, legs, left shoulder. The pain is 8/10. The treatment plan included lumbar sympathetic nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar sympathetic nerve block at the L2 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Section Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Lumbar Sympathetic Blocks Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-CRPS, sympathetic blocks (therapeutic).

Decision rationale: One (1) lumbar sympathetic nerve block at the L2 level is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS states that there should be evidence that all other diagnoses have been ruled out before consideration of use. In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment. There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase. The MTUS states that there is limited evidence to support this procedure, with most studies reported being case studies. Sympathetic therapy should be accompanied by aggressive physical therapy to optimize success. The documentation is not clear that prior blocks have caused increased in function or a reduction in medication. Furthermore, there is no documentation that this is being performed with a physical therapy or exercise program. Therefore, the request for ne (1) lumbar sympathetic nerve block at the L2 level is not medically necessary.