

<b>Case Number:</b>	CM15-0094834		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	11/08/2007
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: 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 injured worker is a 46 year old female with an industrial injury dated 11/08/2007. The injured worker's diagnoses include reflex sympathetic dystrophy (RSD), right status post right ankle injury and arthroscopic reconstructive surgery. Treatment consisted of diagnostic studies, prescribed medications, sympathetic block, podiatrist visits for the left lower extremity and periodic follow up visits. In a progress note dated 4/13/2015, the injured worker presented for right ankle follow up evaluation. The injured worker was status post right ankle arthroscopic surgery with resultant reflex sympathetic dystrophy formation in the right leg. The injured worker reported RSD in the left leg from a fall. The treating physician noted that the injured worker had been treated in the past with sympathetic blocks, which have helped the pain for 6 months. The injured worker requested a repeat sympathetic block. Objective findings revealed braces on ankles, use of a cane, diffuse hypersensitivity below the mid leg level, and diffuse swelling, more on the right than left. The treating physician prescribed sympathetic block now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sympathetic block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) & CRPS, diagnostic criteria Page(s): 103 & 35-38.

**Decision rationale:** Sympathetic block is not medically necessary per the MTUS Guidelines. The MTUS states that regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) are generally limited to diagnosis and therapy for CRPS. The documentation is not clear that the patient meets the criteria for CRPS. Furthermore, the request does not indicate the location of this block). In addition, the documentation indicates that the patient blocks which have helped her pain, however it is unclear whether the patient has had objective functional improvement from these blocks. The request for sympathetic block is not medically necessary.