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| Case Number: | CM15-0097591 | | |
| Date Assigned: | 05/28/2015 | Date of Injury: | 07/18/2012 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 05/20/2015 |

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 53-year-old female injured worker suffered an industrial injury on 07/18/2012. The diagnoses included right lower extremity chronic regional pain syndrome. The injured worker had been treated with nerve blocks and medications. On 5/6/2015, the treating provider reported she had sympathetically medicated pain. She had 3 lumbar sympathetic blocks with improvement of 60%. She had better movement of her right lower extremity, her ankle and her knee with less swelling. She had strange numbness and numb patches and her right lower extremity and was feeling more normal with better movement of the right knee. The blocks were beginning to wear off. The treatment plan included 3 Sympathetic (Lumbar) Blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Sympathetic (Lumbar) Blocks, Right L3, Right L4 under sedation with fluoroscopy:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bier's block, CRPS - Sympathetic and epidural blocks, Intravenous regional sympathetic blocks, Lumbar sympathetic block; Regional sympathetic blocks Page(s): 24, 39, 55, 57, 103-104.

Decision rationale: A lumbar sympathetic nerve block is an invasive procedure that involves injecting numbing medicine near specific nerves in the lower back. There is limited research demonstrating that its benefits consistently and significantly outweigh the risks of this treatment. The MTUS Guidelines support its use with bretylium alongside a rehabilitation program in the treatment of complex regional pain syndrome (CRPS) when no other treatment options remain and only after a detailed discussion about the potential risks involved. A specific type of pain syndrome can in particular result from a block at the L4 level, and a block at this level should therefore be avoided. Intensive physical therapy should then immediately follow the procedure. Any additional blocks should only be done if there were lasting objective findings of improvement. The literature looking at using this procedure to diagnose chronic regional pain syndrome is controversial. The submitted and reviewed documentation indicated the worker was experiencing right leg discomfort from chronic regional pain syndrome. There was no discussion demonstrating that all of the above criteria had been met. For example, there was no suggestion that the worker was participating in a rehabilitation program alongside the injections, and the last injection had only lasted a short amount of time. Further, the request included a block at the L4 level, which has an increased risk for causing a specific type of pain syndrome and should therefore be avoided, and there was no description of special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for three sympathetic lumbar blocks at the right L3 and L4 levels using fluoroscopy while the worker was sedated is not medically necessary.