

Case Number:	CM14-0141071		
Date Assigned:	09/10/2014	Date of Injury:	02/01/2008
Decision Date:	10/22/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old male with date of injury 2/1/2008. The mechanism of injury is not stated in the available medical records. The patient has complained of left knee pain and lower back pain since the date of injury. He has been treated with physical therapy, synvisc injection, nerve block, epidural corticosteroid injection and medications. He has had a left total knee joint replacement in 09/2013. MRI of the lumbar spine performed in 02/2014 revealed moderate disc disease and moderate neuroforaminal stenosis at multiple levels. Objective: decreased and painful range of motion of the left knee, decreased and painful range of motion of the lumbar spine, mild decrease in strength of the left gastronomies muscle, decreased sensation of the left anterior-lateral and posterior-lateral calf. Treatment plan and request: lumbar sympathetic nerve block under fluoroscopy and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic blocks under fluoroscopy/IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130. Decision based on Non-MTUS Citation ODG Guidelines Pain Lumbar Sympathetic Block

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints, Page(s): 300.

Decision rationale: This 53 year old male has complained of left knee pain and lower back pain since date of injury 2/1/08. He has been treated with physical therapy, synvisc injection, nerve block, epidural corticosteroid injection and medications. The current request is for lumbar sympathetic nerve block under fluoroscopy and IV sedation. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline, lumbar sympathetic nerve block under fluoroscopy and IV sedation is not indicated as medically necessary. This 53 year old male has complained of left knee pain and lower back pain since date of injury 2/1/08. He has been treated with physical therapy, synvisc injection, nerve block, epidural corticosteroid injection and medications. The current request is for lumbar sympathetic nerve block under fluoroscopy and IV sedation. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline, lumbar sympathetic nerve block under fluoroscopy and IV sedation is not indicated as medically necessary.