

Case Number:	CM13-0003305		
Date Assigned:	11/20/2013	Date of Injury:	09/03/2012
Decision Date:	01/27/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, and is licensed to practice in Pennsylvania. 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 physician 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:

On 07/18/2013, the treating provider submitted an appeal regarding a request for a right L2 and L3 lumbar sympathetic block. The treating provider noted that the patient complains of pain to the right knee and that the pain had stayed the same since the last office visit. The patient was not working. Motor, sensory, and reflex functions were normal in the right lower extremity. The patient did not use a cane or a walker. The treating physician noted that the patient had ongoing pain in the right foot status post a 2nd toe amputation and had symptoms of complex regional pain syndrome, but a sympathetic nerve block was denied. The patient was using a topical ointment, but it did not help adequately. The treating provider recommended a trial of gabapentin. I noted on exam, the patient had normal range of motion in the right foot. Palpation over the foot did reproduce symptoms. An initial physician review in this case states that the California Chronic Pain Treatment Guidelines do not recommend sympathetic blocks and only recommends it when all other treatments are contraindicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right lumbar sympathetic block is medically necessary and appropriate.:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome and Sympatjetic Blocks section Page(s): 39.

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on complex regional pain syndrome and sympathetic blocks, page 39, states that there is a recommendation "for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy." A prior physician review indicated that a sympathetic block is not indicated until the patient has failed all other treatment. The guidelines instead support a sympathetic block early in treatment rather than late in treatment in order not only to facilitate diagnosis but also to facilitate active physical therapy and thus accelerate recovery. The clinical scenario in this case does meet these guidelines. This request is medically necessary.