

Case Number:	CM13-0007008		
Date Assigned:	08/26/2013	Date of Injury:	09/15/2011
Decision Date:	01/13/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/05/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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.

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 underlying date of injury in this case is 09/15/2011. The primary diagnosis is reflex sympathetic dystrophy. A prior physician peer review noted that an agreed medical examiner report stated that there was no objective evidence of complex regional pain syndrome. Therefore, that reviewer recommended that the current request be non-certified. A Workers' Compensation evaluation note of 10/11/2012 noted that at that time the right lower extremity had a cool, hypersensitive, discolored appearance with a significant amount of allodynia throughout, with limited painful range of motion on any examination of the joints in that extremity. Previous notes indicate the mechanism of injury in this case was that the patient fell out of a van, sustaining a right foot 5th metatarsal fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment of a series of sympathetic blocks for the right lumbar (unspecified level) two times: 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 Page(s): 39.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on complex regional pain syndrome and sympathetic blocks, page 39, state, "Recommended...for a limited

role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy." A prior physician review noted that the requested sympathetic block was not supported given that the records do not clearly support the diagnosis of complex regional pain syndrome. However, the records note varied physical examinations by multiple physicians including some evidence of findings quite classic for complex regional pain syndrome. It is important to note that the requested treatment is, per the guidelines, primarily diagnostic rather than therapeutic in nature. Therefore, a situation where there is diagnostic uncertainty, such as at the present time, is specifically a situation where this treatment would be supported. If the diagnosis of complex regional pain syndrome were obvious clinically, then there would be no need for a diagnostic test. For these reasons, the patient does meet the criteria in the guidelines. This request is medically necessary.