

Case Number:	CM13-0020332		
Date Assigned:	10/11/2013	Date of Injury:	03/06/2001
Decision Date:	02/07/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/05/2013

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 Anesthesiology, Pain Medicine, and is licensed to practice in Florida. 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:

The patient is a 62-year-old male who reported injury on 03/26/2001. The mechanism of injury was not provided. The handwritten report was illegible. The diagnosis was noted to be lumbago per the Application for Independent Medical Review. The request was made for a Medrol Dosepak and a lumbar sympathetic block at left L2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic block left L2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regional sympathetic blocks (stellate ganglion block, thoracic sym).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic Block, CRPS, Page(s): 103, 36.

Decision rationale: California MTUS Guidelines recommend sympathetic blocks for patients who have a diagnosis of CRPS which includes the following criteria: (1) there should be the presence of an initiating noxious event or cause of immobilization that led to development of the syndrome which includes (2) continuing pain, allodynia, or hyperalgesia which is disproportionate to the inciting event and/or spontaneous pain in the absence of external stimuli, (3) evidence at some time of edema, changes in skin blood flow or abnormal pseudomotor

activity in the pain region, and (4) the diagnosis is excluded by the existence of conditions that would otherwise account for the degree of pain or dysfunction, criteria 2 through 4, which includes the continuing pain all the way down through dysfunction must be satisfied to make the diagnosis. The clinical documentation submitted for review provided a handwritten note which was illegible. Given the above lack of legible documentation, the request for lumbar sympathetic block left L2 is not medically necessary.

Medrol Dose Pack: Upheld

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 CRPS
Page(s): 37.

Decision rationale: California MTUS Guidelines recommend that a limited course of oral corticosteroids could be efficacious for patients with CRPS. The clinical documentation submitted for review failed to provide a legible note supporting the patient's diagnosis of CRPS. Given the above and the lack of documentation, the request for Medrol Dosepak is not medically necessary.