

Case Number:	CM13-0024166		
Date Assigned:	11/01/2013	Date of Injury:	01/25/2002
Decision Date:	02/27/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/13/2013

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 and 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 66-year-old male who reported an injury on 01/25/2002. The mechanism of injury was not provided in the medical records. The patient's diagnoses include slight retrolisthesis, vacuum disc, and anterior collapse at L1-2, slightly reduced posterior disc height at L2-3, half grade retrolisthesis and posterior bone on bone at L3-4, motor demyelinating neuropathy, per EMG, postoperative scarring of L4-S1, mild degenerative retrolisthesis of L1, L2, and L3 with ventral compression of the thecal sac, status post posterior decompression at L4-5 and L5-S1, status post anterior lumbar interbody fusion at L4-5 and L5-S1, and rule out complex regional pain/sympathetic mediated pain syndrome, as well as contusion/sprain of the left thumb and ulnar collateral ligament rupture with post-traumatic arthritis of the metacarpal joints. The patient was noted to have symptoms of severe pain in his low back with pain and paresthesia in his feet bilaterally. He denied any unusual sweating or color changes in his legs. His physical exam findings revealed myospasm in the paraspinal musculature, tenderness to palpation in both feet, mottled and shiny appearance to his skin over the shin area bilaterally, and the calves and feet were both warm to the touch. A recommendation was made for diagnostic lumbar sympathetic block injections at left L4, as the patient was shown to have clinical signs and symptoms consistent with early onset sympathetically mediated pain. He was noted to be taking Norco 10/325 mg every 4 hours to 6 hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 diagnostic lumbar sympathetic block on the left L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40.

Decision rationale: According to the California MTUS Guidelines, sympathetic blocks are recommended for a limited role for the diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. The guidelines further state that less than 1 third of patients with CRPS are likely to respond to sympathetic blocks and no controlled trials have shown any significant benefit from this treatment. The patient was noted to have symptoms of sympathetically mediated pain; however, there was no documentation that the patient is currently participating in physical therapy. As the guidelines only recommend sympathetic blocks as an adjunct to facilitate physical therapy, and there is limited evidence of benefit of this treatment, the request is not supported. As such, the request is non-certified.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the Official Disability Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of the patient's pain relief, functional status, adverse side effects, and the 4 A's for ongoing monitoring. The recent office notes provided for review failed to address the patient's pain outcome on his opioid medication, whether he has had any side effects, or whether there have been issues of aberrant drug-taking behaviors. In the absence of these details required by the guidelines, the request is not supported. As such, the request is non-certified.