

Case Number:	CM13-0027282		
Date Assigned:	03/19/2014	Date of Injury:	01/19/2012
Decision Date:	07/25/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/20/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery, and is licensed to practice in Illinois. 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 records presented for review indicate the injury occurred on January 19, 2012. The diagnosis of unspecified reflex sympathetic dystrophy is noted (but not objectified). The progress note indicates a motor vehicle accident dating back to the early 1980s is where fracture dislocation of the ankle was noted. The initial physical therapy evaluation completed in 2012 noted complaints involving the right shoulder, cervical spine and left upper extremity. A conservative course of therapeutic interventions was outlined. Lower extremity electrodiagnostic testing was completed. This was reported as a normal study. There were changes suggestive of a possible right S1 radiculopathy. MRI of the right shoulder noted degenerative changes in the acromioclavicular joint and a supraspinatus tendinopathy. There is a July 2013 progress note indicating a left ankle total joint arthroplasty and subtalar fusion had been completed. It was suggested that there was a diagnosis of fibromyalgia. The injured worker had been cleared to return to work with restrictions in August, 2013. By October, 2013 a chronic pain syndrome was described. A sympathetic block was performed. Additional podiatric care was provided for this 5'4, 219 pound individual who reportedly had a diagnosis of carpal tunnel syndrome. The diagnoses listed includes subacromial bursitis, neck sprain/strain, shoulder impingement syndrome, ankle joint replacement, fibromyalgia and reflex sympathetic dystrophy. The medication list included Neurontin, Cymbalta, Senate, Percocet, topical non-steroidal preparations, Celebrex, and soma. A urine drug screen was ordered. An additional sympathetic block was completed in February of 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The records reviewed do not indicate what type of block is being pursued, what location within the shoulder is to be injected, what diagnosis is being addressed, and what conservative measures had been undertaken prior to this request. Therefore, based on this and complete clinical information, there is insufficient data presented to support this vague request. The progress notes focus on a lower extremity pain complaint and no specific shoulder complaints. Therefore, based on the rather incomplete and substantive progress notes, there is no clear clinical basis on which to support this determination. As such, the request is not medically necessary.

Left lumbar sympathetic nerve block with fluoroscopic guidance and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57-58.

Decision rationale: There is, at times, support for such a procedure when there is objective location that this diagnosis exists and that this is not amenable to any other more conservative interventions. It is noted that previous sympathetic blocks had been attempted with no objectified efficacy. Furthermore, when noting that this diagnosis extends back some nineteen years, there is no noted efficacy relative to the previous interventions objectified. The pain complaints far exceed any objective findings on physical examination or imaging studies. The utility of the previous sympathetic blocks is not reported. As such, the request is not medically necessary.