

Case Number:	CM13-0031535		
Date Assigned:	12/04/2013	Date of Injury:	02/13/2009
Decision Date:	01/28/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/03/2013

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 Occupational Medicine, 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. 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 45-year-old female who was injured on 2/13/09; she stepped on a cord, rolled her right ankle, and fell at work. The patient has been diagnosed with complex regional pain syndrome. Treatments have consisted of physical therapy, medications, a drop foot brace, and 12 sympathetic blocks to the right lower extremity. An EMG was done in 2012, and results were normal. The treating doctor's PR2 dated 6/5/13 revealed that the patient persists with pain and foot drop with improvement in gait abnormality because of her stellate blocks. An Orthopedic qualified medical evaluator (QME) report dated 8/14/13 revealed right wrist tenderness with decreased extension/flexion, and demonstrated decreased right ankle dorsiflexion and motor strength weakness in right ankle dorsiflexors with decreased sensation over the right index, middle, ring and little toes with hypersensitivity over the dorsum of the right foot. There is a neurological QME report dated 12/9/13 stating the patient does not meet criteria for complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for stellate ganglion blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39,103.

Decision rationale: The California MTUS discusses complex regional pain syndrome (CRPS) in the Chronic Pain Medical Treatment Guidelines, specifically page 39. The treatment for this issue is a regional sympathetic block, as is stated on page 103 of the guidelines; however, the neurological report dated 12/9/13 states that the patient does not meet the criteria for CRPS. In addition, the MTUS does not recommend these blocks, as there is no evidence for their efficacy other than case study. As the diagnosis of CRPS is in dispute, and guidelines do not support lumbar sympathetic blocks, this treatment is not medically necessary.