

Case Number:	CM13-0044928		
Date Assigned:	12/27/2013	Date of Injury:	08/14/2011
Decision Date:	02/20/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/29/2013

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, has a subspecialty in pain 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 injured worker is a 55-year-old male with a date of injury of August 14, 2011. The worker sustained an industrial injury when his left foot was caught between two pieces of wood which caused him to fall and twisted his right foot. The right ankle and left foot has been accepted by the carrier. The utilization review file documents that the carrier has objected to the claim for the left ankle. The patient's diagnoses include right ankle complex regional pain syndrome, chronic myofascial pain syndrome, and a history of ORIF (open reduction with internal fixation) for right ankle fracture. The injured worker had undergone a right L4 lumbar sympathetic block on February 27, 2013 and there was reportedly 2 to 3 months of relief. The block was repeated on August 20, 2013 with initial good relief of 70 to 80%, but this was down to 50% and another repeat blocks had been requested on October 4, 2013. The disputed issue is the latest request for a right L4 sympathetic block for the right ankle. A utilization review letter dated October 9, 2013 had denied this request citing "this short-lived good benefit last only about two weeks and be cited guidelines note very limited evidence for support, and sympathetic therapy should be accompanied by aggressive physical therapy to optimize success. This is not evident and medical necessity is not established."

IMR ISSUES, DECISIONS AND RATIONALES

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

One L4 lumbar sympathetic block for the right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic Blocks Page(s): 104.

Decision rationale: The Physician Reviewer's decision rationale: In the case of this injured worker, there have already been two lumbar sympathetic blocks performed. Both blocks had documentation of initial good response, but the second block appears to have been short-lived. A follow-up note on August 20, 2013 documents a pain score of 2 to 3 out of 10 with 70 to 80% pain relief after the lumbar sympathetic block. The plan included a decrease in morphine extended release dosage to once per 24 hours. The following progress note on September 3, 2013 documents only 50% relief and a pain score of 4 to 5 out of 10 on the visual analog scale. The patient was discontinued off of morphine according to the treatment plan of this progress note. The records show that there is an improvement in terms of being able to be narcotic pain medication. The request for one L4 lumbar sympathetic block for the right ankle is medically necessary and appropriate.