

Case Number:	CM13-0047366		
Date Assigned:	12/27/2013	Date of Injury:	04/17/2010
Decision Date:	08/08/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 31 year-old individual who was reportedly injured on 4/17/2010. The mechanism of injury is noted as a fall. The most recent progress note, dated 10/4/2013 indicates that there are ongoing complaints of left foot pain. The physical examination demonstrated Left Foot: mild edema, bruised appearing spot on top of left foot between second and fourth toe. Allodynia in the left foot to light touch and pressure. Increased sensitivity to light touch and pinprick the left foot as well as Achilles tendon. Antalgic gait difficulty with healed/toe walk. No recent diagnostic studies are available for review today. Previous treatment includes 3 previous surgeries, Vicodin and tramadol. A request had been made for left lumbar sympathetic ganglion block X 3, and was not certified in the pre-authorization process on 10/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LUMBAR SYMPATHETIC GANGLION BLOCK X 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 57-58.

Decision rationale: Botox injections/lumbar sympathetic can be useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to Complex Regional Pain Syndrome-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy. After reviewing the medical records provided I was unable to find failure of conservative/first-line treatment to include medication for neuropathic pain. Also there is no documented plan for intensive physical therapy after the requested procedure. Therefore without documentation showing the failure of first-line treatment therapies this request is not medically necessary.