

Case Number:	CM13-0049350		
Date Assigned:	06/11/2014	Date of Injury:	06/07/2007
Decision Date:	08/04/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesia, has a subspecialty in Acupuncture & 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 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:

This 49 year old male had an injury date of 6/7/07 with related left foot, ankle, right arm, and right thigh pain. Per 9/19/13 progress report, the symptoms were reported as being moderate. He was status post arthroscopic knee surgery in 2002; left ankle surgery in 2010. He was diagnosed with RSD of the left lower extremity. He reported that his L knee pain completely stopped since having two lumbar sympathetic blocks, but his left foot to toe numbness and the 'scar pain' persisted. He reported being able to walk a full mile before the L knee pain returned and it was only transient. He reported that the right knee pain persisted and now that the left knee was so much less painful, he was more aware of the right knee pain which felt like the left one did prior to the LSB. Treatment to date has included injections, physical therapy, and medication management. The date of Utilization Review (UR) decision was 10/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYMPATHETIC NERVE BLOCK LUMBAR-SERIES OF THREE RIGHT KNEE PAIN:

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic block.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic block Page(s): 57.

Decision rationale: Per MTUS with regard to lumbar sympathetic block: "Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-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." Review of the submitted documentation indicates that the injured worker has had successful treatment with lumbar sympathetic nerve block directed at his left leg. He has right RSD findings that were never addressed with injections. Lumbar sympathetic nerve block is indicated as a diagnostic tool. I respectfully disagree with the UR physician's assertion that only one injection is indicated, per the MTUS guidelines cited above, three blocks over a 3-14 day period are called for. The request is medically necessary.