

Case Number:	CM13-0049901		
Date Assigned:	12/27/2013	Date of Injury:	04/17/2012
Decision Date:	02/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesiology and is licensed to practice in Florida. 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 a 25 -year-old male who reported a work related injury on 04/17/2012, as a result of a crush injury to the right foot. Subsequently the patient presents for treatment of neuropathic pain with the possible sympathetic component and history consistent with complex regional pain syndrome without adequate findings at present time under current therapy. The initial pain management consultation under the care of [REDACTED] documents this patient was seen in consultation for a possible Lumbar Sympathetic Block; however, the provider documented the patient has no hyperesthesia or allodynia of the right lower extremity although the patient does describe dysesthesia of the right lateral leg and right lateral foot. Provider documented the patient had no swelling or hyperhidrosis of the right lower extremity, no temperature changes, no skin color changes, no evidence of any motor change, hair changes, nail changes, piloerection, or tremor of the right lower extremity upon exam. The provider documented it would be reasonable to begin the patient on a regimen of Duloxetine and perform a sympathetic block to determine whether the pain is truly sympathetically mediated or is just merely neuropathic pain. A clinical note dated 12/21/2013 by the patient's treating provider, [REDACTED], [REDACTED], revealed the patient has had his symptomatology minimally under control with utilization of neuropathic pain medications and prior sympathetic blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Sympathetic Block: Upheld

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

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

Decision rationale: The current request is not supported. As the clinical documentation submitted for review reports the patient had previously utilized sympathetic blocks, without documentation of the reports of efficacy with this intervention as noted by a decrease in rated pain on a VAS scale and increase in objective functionality, the current request is not supported. California MTUS indicates repeated blocks are only recommended if continued improvement is observed. Furthermore, the evaluation under the care of [REDACTED] documented the patient clinically presented with no findings of complex regional pain syndrome to the right lower extremity. Given all the above the request for Right Lumbar Sympathetic Block is not medically necessary or appropriate.