

Case Number:	CM13-0058458		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2011
Decision Date:	08/12/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/26/2013

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 Orthopedic Surgery and is licensed to practice in New York. 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 patient is a 38-year-old female with a date of injury of April 1, 2011. She has pain after twisting her ankle. Treatment has included medications, activity modification, physical therapy, bracing, chiropractic care. She underwent sympathetic block on November 30, 2012. She epidural steroid injection on March 2013 in August 2013. CT of the foot shows osteopenia. An MRI of the lumbar spine shows L5-S1 degenerative changes. Physical examination shows limited range of motion of the low back. Decreased sensation L5-S1 dermatomes. Examination of the foot shows no change in color temperature and no allodynia. At issue is whether sympathetic block is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Sympathetic Nerve Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic And Epidural Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Pain Chapter.

Decision rationale: This patient does not meet criteria for repeat sympathetic block. It is unknown whether this patient has symptoms that are consistent with RSD. Current exam does

not document any findings consistent with RSD or CRPS condition. Guidelines for sympathetic block not met.