

Case Number:	CM13-0063653		
Date Assigned:	12/30/2013	Date of Injury:	02/17/2010
Decision Date:	06/10/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational 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:

According to the records made available for review, this is a 65-year-old female with a 2/17/10 date of injury. At the time (10/2/13) of the request for authorization for six (6) sympathetic nerve blocks, there is documentation of subjective (severe pain 10/10, low back, bilateral legs, knees, ankle and feet, she feels temperature difference in her legs) and objective (hyperesthesia to the left ankle and foot, coolness to the left leg, tenderness at the hardware, +4/5 strength throughout the left ankle and foot) findings, current diagnoses (complex regional pain syndrome, status post left ankle arthrodesis, and depression, psychologic overlay), and treatment to date (sympathetic blocks and medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) SYMPATHETIC NERVE BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic And Epidural Blocks, Page(s): 39-40. Decision based on Non-MTUS Citation ODG, Pain Chapter.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of sympathetic blocks. ODG identifies in the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks; that these blocks are generally given in fairly quick succession in the first two weeks of treatment with tapering to once a week; and that continuing treatment longer than 2 to 3 weeks is unusual. In addition, ODG identifies repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Within the medical information available for review, there is documentation of diagnoses of complex regional pain syndrome, status post left ankle arthrodesis, and depression, psychologic overlay. In addition, there is documentation of treatment with previous sympathetic blocks. However, there is no documentation of evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) or that the patient will participate in physical therapy/ occupational therapy. Therefore, based on guidelines and a review of the evidence, the request for six (6) sympathetic nerve blocks is not medically necessary.