

Case Number:	CM14-0003453		
Date Assigned:	01/31/2014	Date of Injury:	05/15/2011
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 37 year old female with a reported date of injury on 05/15/2011. The mechanism of injury was not provided in the clinical documentation available for review. The injured worker complained of pain in the left lower extremity related to a left 5th metatarsal fracture. According to the clinical note dated 12/05/2012 the injured worker had a lumbar sympathetic block on 01/05/2012, and left lower extremity Bier Blok on 10/25/2012, with minimal reduction in her pain. According to the clinical note dated 11/13 /2013 the injured worker received a lower extremity lumbar sympathetic block on 10/02/2013, with reported decrease in pain at 40-50% lasting for approximately 3 weeks. The injured worker's pain regimen included methadone, Norco, prenatal vitamins, Lidoderm patches, Lyrica and Cymbalta. The request for authorization OSC block lumbar sympathetic (repeat LLE lumbar sympathetic block with Botox) was submitted on 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OSC BLOCK LUMBAR SYMPATHETIC (REPEAT LLE LUMBAR SYMPATHETIC BLOCK WITH BOTOX): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 55-58

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26; 57.

Decision rationale: The CA MTUS guidelines recommend Botox for chronic low back pain, if a favorable initial response predicts subsequent responsiveness as an option in conjunction with a functional restoration program. The CA MTUS guidelines recommend lumbar sympathetic block as the preferred treatment of sympathetic pain involving the lower extremity. For a positive response, pain relief should be 50% and pain relief should be associated with functional improvement and should be followed by intensive physical therapy. According to the clinical documentation provided, the injured worker has received three lumbar sympathetic blocks with minimal to 40-50% reduction in pain lasting only 3 weeks. The rationale for ordering repeat sympathetic block with Botox is unclear and exceeds the recommended guidelines. In addition, there is a lack of information provided regarding functional deficits and the use of physical therapy. Therefore, the request for OSC block lumbar sympathetic (repeat LLE lumbar sympathetic block with Botox) is not medically necessary.