

Case Number:	CM14-0009201		
Date Assigned:	02/14/2014	Date of Injury:	07/09/2012
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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 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 40 year old male with a 7/9/12 date of injury. At the time (12/17/13) of request for authorization for Cognitive Behavior Therapy and Lumbar sympathetic block, there is documentation of subjective (right lower extremity pain described as severe, numbing, and burning) and objective (hypersensitivity to touch in the right foot, dyesthesias with palpation over the lateral aspect of the knee and upper leg) findings, current diagnoses (sprain of the right foot, complex regional pain syndrome, and chronic pain syndrome), and treatment to date (medications and chiropractic treatment).

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIOR THERAPY (UNLIMITED): 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, PSYCHOLOGICAL TREATMENT ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The MTUS Chronic Pain Guidelines state that behavioral interventions are recommended. MTUS Chronic Pain Guidelines go on to recommend an initial trial of 3-4

psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical records provided for review, there is documentation of diagnoses of sprain of the right foot, complex regional pain syndrome, and chronic pain syndrome. However, there is no documentation of the number of visits requested. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

LUMBAR SYMPATHETIC BLOCK: 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, REGIONAL SYMPATHETIC BLOCK ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS Chronic Pain Guidelines identifies a diagnosis of sympathetically mediated pain and documentation that a lumbar sympathetic block is used as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of sympathetic blocks. The 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 sprain of the right foot, complex regional pain syndrome, and chronic pain syndrome. In addition, there is documentation of a diagnosis of sympathetically mediated pain. However, there is no documentation that lumbar sympathetic blocks will be used as an adjunct to facilitate physical therapy. Therefore, the request is not medically necessary and appropriate.