

Case Number:	CM14-0107722		
Date Assigned:	08/01/2014	Date of Injury:	07/31/2006
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 and Ohio. 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 55-year-old male who reported an injury on 07/31/2006, due to an 1,100 pound transformer fell onto his right ankle. The injured worker's diagnosis was chronic regional pain syndrome of the right lower extremity onset left ankle and foot pain. There was no pertinent surgical history submitted with documentation. The injured worker's chief complaint was bilateral lower extremity pain, and rated his pain as 10/10. However, he was complaining of both feet being numb and tingling. On physical examination dated 02/13/2014, it revealed that there was erythema and redness, particularly in the right leg, but there was some redness and erythema on the left leg also. There was hypersensitivity to touch, all the way to the lateral dorsal foot and ankle. Range of motion increased the injured worker's pain. The injured worker's medications were Menthoderm, Percocet, and Gabapentin. The injured worker's treatment plan was for a series of 3 lumbar sympathetic blocks. The rationale for the request was to treat the injured worker's chronic regional pain syndrome. The request for authorization form dated 6/30/2014 was submitted with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic blocks, series of 3.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Sympathetic and epidural blocks Page(s): 103-104, 39-40. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain-Chronic Sympathetic blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Block Page(s): 57.

Decision rationale: The request for a lumbar sympathetic block, series of 3, is not medically necessary and appropriate. According to California MTUS, lumbar sympathetic blocks are recommended for diagnosis and treatment of pain of the pelvis and lower extremity secondary to Complex regional pain syndrome (CRPS) I and II. This block is commonly used for differential diagnoses and is the preferred treatment of sympathetic pain involving the lower extremities. For a positive response, pain relief should be 50% or greater from the duration of the local anesthetic, and pain relief should be associated with functional improvement and should be followed up by physical therapy. The injured worker complained of bilateral extremity pain, with his pain being rated at a 10/10, with both feet being numb and tingling and hurting on the ankle. There was a lack of documentation that all other diagnoses have been ruled out before consideration of the sympathetic block. There is no evidence documented that the Budapest criteria has been evaluated for and fulfilled, which includes sensory, vasomotor, and motor sensory to include temperature sensations, somatic pressure or joint movement; and vasomotor for temperature asymmetry. As such, the request for a lumbar sympathetic block, series of 3, is not medically necessary.