

Case Number:	CM14-0012424		
Date Assigned:	02/21/2014	Date of Injury:	08/13/2005
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/30/2014

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 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:

The patient is a represented [REDACTED] employee who has filed a claim for reflex sympathetic dystrophy of the lower limb and morbid obesity reportedly associated with an industrial injury of August 13, 2005. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of psychological counseling; adjuvant medication; and extensive periods of time off of work. In a utilization review report of January 17, 2014, the claims administrator retrospectively denied a request for a regional nerve block of the right ankle and right foot apparently performed on December 3, 2013, citing pages 103 and 104 of the MTUS Chronic Pain Medical Treatment Guidelines. Overall, rationale for the denial was sparsely comprised of approximately two to three sentences. The claims administrator stated that there was limited clinical literature to support the necessity of a regional ankle block and that the attending provider did not state whether the block was intended for diagnostic or therapeutic effect. The patient's attorney subsequently appealed. On January 27, 2014, the patient was described as having minimized usage of opioid medications. The patient had received eight sessions of acupuncture without any relief. A trial of a spinal cord stimulator was sought. The patient's case and care were complicated by hypertension, diabetes, dyslipidemia, it is stated. It appears that the patient obtained a regional block of the ankle and foot in an office visit of December 19, 2013. The patient was given refills of Elavil, morphine, and Norco. In an earlier appeal letter dated May 18, 2009, it was stated that right lumbar paravertebral sympathetic block was being sought at that point. Another right ankle and foot lower extremity regional nerve block was performed on December 30, 2013. The patient was described as having persistent pain complaints, ranging from 3-9/10, unchanged from the prior visit. The patient was on Zestril,

Toprol, Zocor, and glyburide. The patient was given refills of Voltaren, Norco, Elavil, and morphine after the block and placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR REGIONAL BLOCK OF THE RIGHT ANKLE AND FOOT (DOS: 12/2/13) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Regional Sympathetic Bl.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Intravenous Regional Sympathetic Blocks Page(s): 55-5.

Decision rationale: As noted on pages 55 and 56 of the MTUS Chronic Pain Medical Treatment Guidelines, when regional sympathetic blocks and/or nerve blocks were performed for chronic regional pain syndrome, they must be done in conjunction with the rehabilitation program. In this case, the block in question represented a repeat block. The patient had numerous regional nerve blocks for right lower extremity reflex sympathetic dystrophy at various points during the life of the claim, including seemingly as early as 2009. The patient later received further blocks on December 30, 2013 and also in January 2014. However, there was no evidence that the patient was employing these blocks in conjunction with the program of functional restoration or functional rehabilitation. Rather, the patient remained off of work, on total temporary disability, on each visit. The patient remained highly reliant on various opioid and non-opioid agents, including morphine, Norco, Elavil, oral Voltaren, etc. All of the above, taken together, imply that the earlier blocks were unsuccessful in terms of the functional improvement parameters established an MTUS 9792.20f and further implies that the patient was not employing the blocks in conjunction with the rehabilitation program, as endorsed on page 56 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.