

Case Number:	CM14-0016155		
Date Assigned:	03/05/2014	Date of Injury:	10/07/2011
Decision Date:	05/28/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/09/2014

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, has a subspecialty in Interventional Spine 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 40-year-old female with date of injury of 10/07/2011. The listed diagnoses per [REDACTED] dated 12/18/2013 are: 1. RSD, lower limb. 2. Causalgia, lower limb. 3. Foot pain. According to the report, the patient's pain level has increased since her last visit. She does not report new problems or side effects. Her activity level has decreased. She rates her left lower extremity pain a 7/10. She also has bilateral wrist pain at 7/10, left greater than the right, from chronic crutch use. The objective findings show the patient has an awkward gait that is slow assisted by crutches. The left ankle range of motion is diminished and restricted. There is tenderness over the generalized area and the patient is able to bear weight on her right ankle with pain. Inspection of the left foot reveals no erythema, no swelling, no sudomotor activity. There is tenderness to palpation noted over the proximal interphalangeal joint of 1st toe, 2nd toe, 3rd toe, 4th toe, and 5th toe, heel, mid foot, and a positive allodynia. Motor examination shows the patient is able to move all her extremities well, but left foot is painful and limited due to pain. Sensory examination shows allodynia of the left foot, now limited to the metatarsal plantar aspect and heel of the left foot. The patient is intolerant today of light touch at the L5-S1 dermatomes. The treater is requesting 6 physical therapy visits for the left ankle, multiple lower extremities, and a series of lumbar sympathetic blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 6 VISITS TWO (2) TIMES A WEEK FOR 3 (3) WEEKS- LEFT ANKLE, LEFT MULTIPLE LOWER EXTREMITIES: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic left ankle and left lower extremity pain. The patient also has a diagnosis of RSD of the lower limb. The treater is requesting 6 additional physical therapy visits for the left ankle and left lower extremity. The MTUS Guidelines page 98 and 99 for physical medicine recommends 24 visits over 16 weeks for Reflex Sympathetic Dystrophy. The utilization review notes that the patient was authorized for 9 physical therapy visits on 07/31/13. However, no therapy reports were made available for review. The progress report dated 12/18/2013 documents, "The patient was doing well with PT. The patient has now completed physical therapy. More physical therapy sessions recommended. 6 additional sessions of physical therapy for continued improvement for ROM and strengthening/desensitization therapy." In addition, the patient reports that her pain is decreased by 35% for 4 hours with physical therapy and that it has been helpful in increasing her strength. In this case, the patient reports some relief from physical therapy. For Reflex Sympathetic Dystrophy, MTUS recommends 24 visits. The requested 6 visits combined with the previous 9 is within guidelines. Recommendation is for authorization and is medically necessary.

SERIES OF LUMBER SYMPATHETIC 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks (Stellate Ganglion Block, Thoracic Sympathetic Block, & Lumbar Sympa.

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with chronic left ankle, left lower extremity pain. The treater is requesting a series of lumbar sympathetic blocks. The MTUS Guidelines page 103 and 104 on regional sympathetic blocks for the lumbar spine states, "There is limited evidence to support this procedure, with most studies reported being case studies" and states that it is indicated for CRPS when accompanied by physical therapy. For repeat injections ODG Guidelines require 50% reduction of pain for a sustained period with documentation of pain medication reduction, improved function and/or return to work. Review of the reports show that this patient previously had a lumbar sympathetic block on 01/20/2012 with only minimal relief. The relief was not documented to be sustained and there were no reduction of medication use or changes in function documented. Furthermore, the current request is for a "series" of injections without specifying how many is not medically necessary. Recommendation is for denial.

