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| <b>Case Number:</b>   | CM14-0017656 |                              |            |
| <b>Date Assigned:</b> | 04/18/2014   | <b>Date of Injury:</b>       | 10/12/2008 |
| <b>Decision Date:</b> | 06/03/2014   | <b>UR Denial Date:</b>       | 01/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/12/2014 |

### 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:

The patient is a 43-year-old male who was injured on 10/12/2008. While he was working in the kitchen, in the process of his normal work activities, he suffered a fall at work while helping the dishwasher. He stepped back on a box causing his right leg to twist and he suffered a fall upon left shoulder and low back. Prior treatment history included left shoulder surgery and right knee surgery. He has also undergone right ankle and foot partial plantar fasciotomy, neurolysis, Achilles tendon repair, and excision of Haglands process. He has been treated with physical therapy. The patient underwent right lumbar sympathetic nerve block, left L3 vertebral injection, anterior spinal vertebral sheath radio-opaque dye injection and fluoroscopy and evaluation radiograph on 01/22/2014. The patient has had a right lumbar sympathetic nerve block and right lumbar plexus block on 02/04/2014.

Progress report dated 01/07/2014 documented the patient with complaints of low back pain, hip pain and right foot pain. The intensity of the pain is a 10/10. He has minimal pain in the lumbar spine presently. He has severe right lower extremity pain after the recent foot surgery. There is severe distal and some proximal right leg pain and mild edema corresponding to the region of the original injury of the foot. Symptoms are described as aching, tingling, stabbing, shooting, annoying, numbing, constant and burning. The symptoms are worsened with any activity including sitting, walking, the use of the foot or leg and standing. The symptoms are also worsened by stress. The patient states he is unable to exercise due to unbearable pain. The patient denies falling, locking of joints or giving way of joints. Objective findings on examination of the lumbar spine reveal the minimal bilateral L4-5 and L5-S1 facet joints are tender. Minimal bilateral sacroiliac joints tenderness. Lumbar ranges of motions are diffusely reduced. Evaluation of the left leg reveals the pain is above expected with pilomotor changes. He has brawny discolored skin color of the foot with myofascial pain. Examination of the lower extremities reveals right knee arthroscopy scars as well as right ankle

surgical scars. There is mild swelling on the distal 1/3 of the left lower extremity. The patient complains of pain radiating up from the foot towards the calf, thigh and hip. Tender to digital palpation. There is mild edema present. Reflex sympathetic dystrophy is ruled in as a diagnosis. Neurological evaluation reveals diffuse right lower extremity with dysesthesia. Sensory roots are intact and symmetrical throughout bilateral lower extremities. Deep tendon reflexes are 2/4 at the bilateral patellar and Achilles tendons. Motor strength is 3/5 throughout the left lower extremities due to pain. The diagnoses are: reflex sympathetic dystrophy (Complex Regional Pain Syndrome) of right lower extremity following injury, injury right ankle, contusion right foot, status post arthroscopic debridement of right ankle and foot with partial plantar fasciotomy, neurolysis, Achilles tendon repair and excision of Haglands process, cystic change of talus, painful degenerative arthritis of subtalar joint. The recommendations are: medication management. Recommend Neurontin 300mg to 3 tablets q8 hours and compound creams. After injection therapy, recommend a course of 12 physical therapy treatments to the right lower extremity. Home program instruction is recommended.

Progress report dated 02/06/2014 documented the patient's right ankle and foot pain has improved since his second sympathetic nerve injection. He has received 2 sessions of physical therapy. Overall his pain is moderate, occasionally severe. He is taking gabapentin but discontinued Tramadol due to stomach problems. Objective findings on examination reveal there is tenderness at the Achilles tendon, plantar fascia. There is a 20 degree arc of subtalar joint motion. There is +4/5 ankle eversion strength, 5 degrees of dorsiflexion; otherwise normal range of motion and strength throughout. There is hyperesthesia to the right lower extremity. The diagnosis are: complex regional pain syndrome, status post arthroscopic debridement, partial plantar fasciotomy, neurolysis, Achilles tendon repair, excision of Haglands process, postoperative stiffness and weakness, and cystic change of talus degenerative arthritis at subtalar joint. The treatment: recommend a course of sympathetic nerve blocks as well as physical therapy.

Progress report dated 03/06/2014 documents the patient reporting that after his second injection given by Dr. [REDACTED], the patient is 50-60% improved and having less pain in his right ankle and foot. Objective findings on exam reveal there is mild hyperesthesia. There is limitation in dorsiflexion in the right ankle to 8 degrees, +4/5 inversion/eversion strength; otherwise normal range of motion and strength throughout the lower extremities. The diagnoses are: reflex sympathetic dystrophy (complex regional pain syndrome) of right lower extremity following injury, injury right ankle, contusion right foot, status post arthroscopic debridement of right ankle and foot with partial plantar fasciotomy, neurolysis, Achilles tendon repair and excision of Haglands process, cystic change of talus, painful degenerative arthritis of subtalar joint. The treatment: the patient may require up to 4 additional injections for his complex regional pain syndrome.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RIGHT LUMBAR SYMPATHETIC L3 VERTEBRAL INJECTION X 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex regional pain syndrome (CRPS), sympathetic and epidural blocks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Section Complex regional pain syndrome (CRPS), pgs. 40-41, and Section Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), pgs. 103-104.

**Decision rationale:** According to the CA MTUS, lumbar sympathetic nerve blocks are recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. In the hierarchy of complex regional pain syndrome (CRPS) treatment, responders to sympathetic blocks (3 to 6 blocks with concomitant physical therapy) may be all that is required. The medical records indicate the patient has recently completed at least 2 right lumbar sympathetic nerve blocks. According to the 3/14/2014 report, the patient claims 50-60% improvement with less pain. The medical records do not clearly detail clinical and functional improvement as result from recent blocks, the objective findings appear unchanged from prior examination. The medical necessity and appropriateness of 3 additional blocks has not been established.

**12 PHYSICAL THERAPY VISITS FOR THE RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

**Decision rationale:** The medical records do not document how many sessions the physical therapy the patient has completed recently. Also, the records do not provide documentation, such as physical therapy progress notes, that detail the patient's progress with rendered care to date. The MTUS guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The medical records do not indicate the patient is utilizing an active and aggressive home exercise, which is recommended. The medical necessity of additional physical therapy has not been established.