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| Case Number: | CM14-0119397 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 06/30/2011 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 07/29/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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 54-year-old female with a 6/30/11 date of injury. At the time (5/23/14) of request for authorization for right lumbar sympathetic nerve block x 3, there is documentation of subjective (severe ongoing pain in the right leg and foot) and objective (severe hyperalgesia and allodynia along the right foot) findings, current diagnoses (complex regional pain syndrome and chronic ankle/foot pain on the right side), and treatment to date (physical therapy, medications (opioids), and activity modification). There is no documentation that the block will be used as an adjunct to facilitate physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Sympathetic Nerve Block X 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of sympathetic blocks. In addition, MTUS Chronic

Pain Medical Treatment Guidelines identify documentation that continued improvement is observed with previous blocks, as criteria necessary to support the medical necessity of sympathetic blocks. Within the medical information available for review, there is documentation of diagnoses of complex regional pain syndrome and chronic ankle/foot pain on the right side. In addition, there is documentation of sympathetically mediated pain. However, there is no documentation that the block will be used as an adjunct to facilitate physical therapy. In addition, the proposed number of injections exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for right lumbar sympathetic nerve block x 3 is not medically necessary.