

Case Number:	CM14-0123684		
Date Assigned:	08/08/2014	Date of Injury:	04/11/2012
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/05/2014

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 54 year old female with date of injury 4/11/12, that injured her leg from falling off of a table. The providers report dated 7/15/14 indicates that the patient presents with chronic left lower leg pain that is burning, cramping, sharp and shooting with a rating of 8/10. The patient is status post left knee arthroscopic medial debridement on 2/26/14 and status post left tibia osteotomy with RIA bone graft from left femur on 2/8/13 with removal of screws from left knee 7/16/12. The physical examination findings reveal swelling of the affected area and hyperhidrosis, mechanical allodynia and hyperalgesia. The current diagnoses are: 1. Closed fracture of upper end of left tibia with nonunion 2. Tear of meniscus left knee 3. CRPS type 1 The utilization review report dated 7/25/14 denied the request for sympathetic block based on the rationale that the patient is not scheduled for Physical Therapy in addition to the Sympathetic Block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic Block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, diagnostic criteria; CRPS, sympathetic and epidural blocks; Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 36,37; 39,40; 103,104.

Decision rationale: The patient presents with chronic severe left lower leg pain with diagnosis of CRPS. The current request is for Sympathetic Block. The provider states that the patient underwent a Left Lumbar Sympathetic Block on 5/20/14 that provided 90% relief for 3 weeks. A second Sympathetic Block was performed on 6/19/14 and a third on 7/15/14, all with pain relief lasting for 3 weeks. The provider has requested another Sympathetic Block on 7/15/14 and also states that the patient should return for evaluation of a spinal cord stimulator. MTUS goes on to state that sympathetic therapy should be accompanied by aggressive physical therapy to optimize success. There is no mention of a plan for physical therapy or home exercise program following the injection performed on 7/15/14. Recommendation is for denial of Sympathetic Block as there is no formal plan in place to aggressively rehabilitate following the injection. Therefore, the request is not medically necessary.