

Case Number:	CM14-0126670		
Date Assigned:	09/05/2014	Date of Injury:	06/10/2013
Decision Date:	10/02/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 51 year old female injured worker with date of injury 6/10/13 with related left ankle pain. Per progress report dated 3/19/14, the injured worker reported left ankle pain, left ankle numbness, left foot pain, left foot numbness, and left foot "pins and needles" sensation. The documentation submitted for review does not state whether physical therapy was utilized. Treatment to date has included injections, and medication management. The date of UR decision was 7/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar sympathetic block series of 3 injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Regional Pain Syndrome, sympathetic and epidural blocks; R.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic block Page(s): 57.

Decision rationale: Per MTUS with regard to lumbar sympathetic block: "Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use

three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy."Review of the documentation submitted for review revealed a lack of evidence of functional improvement from a previous lumbar sympathetic ganglion block on 6/19/14. Though, it was noted that pain was reduced from 8/10 to 3/10 in intensity. Additionally, the documentation did not indicate that an adjunct physical therapy program was undergone by the injured worker. The request is not medically necessary.