

Case Number:	CM14-0137167		
Date Assigned:	09/05/2014	Date of Injury:	05/12/2006
Decision Date:	10/02/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/25/2014

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 30-year-old male with a 5/12/06 date of injury. At the time (7/28/14) of the Decision for Right Lumbar Sympathetic Block Injection Qty: 6, there is documentation of subjective (constant right leg pain) and objective (tenderness over the right foot dorsum and plantar aspect of right foot) findings, current diagnoses (foot pain, neuropathic pain, and complex regional pain syndrome), and treatment to date (medications, physical therapy, and injections). There is no documentation of blocks 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 Block InjectionQty: 6: Upheld

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

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 identifies documentation of sympathetically mediated pain and blocks used as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of sympathetic and

epidural blocks. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that repeated blocks are only recommended if continued improvement is observed. Within the medical information available for review, there is documentation of diagnoses of foot pain, neuropathic pain, and complex regional pain syndrome. However, there is no documentation of blocks used as an adjunct to facilitate physical therapy. Therefore, based on guidelines and a review of the evidence, the request for Right Lumbar Sympathetic Block Injection Qty: 6 is not medically necessary.