

Case Number:	CM14-0137219		
Date Assigned:	09/18/2014	Date of Injury:	09/13/2006
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
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 Physical Medicine and Rehabilitation, 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:

This is a 69-year-old female who sustained a remote industrial injury on 09/13/06 diagnosed with trauma arthropathy of the ankle, joint pain of the ankle, plantar fibromatosis, injury of the peroneal nerve, causalgia of the lower limb, and complex regional pain syndrome. Mechanism of injury occurred when the patient tripped and fell, injuring her thumb, face, knee, toe, breasts, chin, hand, and wrist on the right side, along with her back. The request for first epidural injection to the lumbar spine was non-certified at utilization review due to the insufficient objective documentation of radicular pain and the absence of the intended injection level. The request for second sympathetic block, lumbar spine times 2 right and left sides was also non-certified at utilization review due to the lack of documentation of contraindications to other appropriate treatments and the insufficient documentation of sustained pain relief from the previous injections. The most recent progress note provided is 09/04/14. The patient's condition has worsened since the last exam. It does not appear a physical exam was performed but it is highlighted that an MRI confirms severe stenosis of the lumbar spine at L4-L5 and L5-S1. This MRI report is not included for review. It is noted that the patient had complete relief for two months following the first lumbar sympathetic block but no relief following the second. Provided documents include previous progress reports, procedure reports detailing lumbar sympathetic nerve blocks, other operative reports, hospital reports, a qualified medical reevaluation, and a handwritten letter from the patient dated 09/27/14 that highlights the request for a lumbar epidural at the level of L5-S1. On 07/31/14, it is noted that the patient had no relief from the previous sympathetic block while on 04/30/14, it is highlighted that the patient was much improved post the sympathetic block on the right side. The patient's previous treatments include several sympathetic nerve blocks, right foot surgeries, orthopedic shoes, cortisone injections, and medications. Imaging studies provided include an MRI of the left foot performed on 06/08/12, an

MRI of the left ankle performed on 06/08/12, an MRI of the right foot performed on 06/07/12, an MRI of the right ankle performed on 06/07/12, an MRI of the right foot performed on 02/04/10, an MRI of the left foot performed on 10/01/10, an MRI of the right foot performed on 11/05/08, and a bone scan performed on 12/01/09.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injection, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to CA MTUS guidelines on epidural steroid injections, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, there are no objective findings on examination indicative of radiculopathy as it does not appear a physical exam was performed, and neurological/lower extremities exams are essential in indicating the presence of radiculopathy. Provided documents do not include any imaging studies of the lumbar spine or electrodiagnostic testing to corroborate the presence of radiculopathy. Further, the level desired for the injection is not specified in the request and the request does not specify the number of injections. Without this documentation, medical necessity cannot be supported.

Sympathetic nerve block, lumbar spine times 2 to right, left sides: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympa.

Decision rationale: According to CA MTUS guidelines, "Repeated blocks are only recommended if continued improvement is observed." In this case, provided documentation highlights the patient underwent several lumbar sympathetic blocks with the first one providing complete relief while the second one provided no relief. However, any functional improvement obtained as a result of the first block is not quantified. Further, guidelines note that blocks "should be accompanied by aggressive physical therapy to optimize success." The treating physician does not document that the patient is undergoing an adjunct physical therapy program to optimize functional improvement. For these reasons, the request for Sympathetic nerve block, lumbar spine times 2 right, left sides is not medically necessary.

