

Case Number:	CM14-0156905		
Date Assigned:	09/26/2014	Date of Injury:	08/13/2005
Decision Date:	10/30/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

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 Medicine and is licensed to practice in Florida. 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 injured worker is a 48-year-old male who reported an injury on 08/13/2005. The mechanism of injury was not provided. The surgical history was stated to be none, however, the injured worker as noted to have postoperative findings on MRI examination. The prior treatments included medications, a regional block of the right foot and ankle, TENS unit, trigger point injections, lumbar sympathetic block, functional restoration program, medications, psychotherapy, acupuncture, and yoga. The medications were noted to include Vicodin, Neurontin, Lyrica, Darvocet, diclofenac 25 mg, Norco 10/325 mg, amitriptyline 50 mg, morphine ER 15 mg, Lidoderm 5% patches, Pennsaid 1.5% topical, Ziphthor 50 mg, Ultram ER 100 mg, and amitriptyline 75 mg, as well as Flector patches. The injured worker underwent an x-ray of the right foot, and the injured worker underwent an MRI of the right foot, which was noted to be consistent with postoperative findings. The injured worker had atrophy of the muscles with no fracture, focal areas of edema, or scarring. A prior injection was given on 06/02/2014. Documentation of 08/14/2014 revealed the injured worker had complaints of bilateral foot pain and chest wall pain. The injured worker indicated that he was utilizing morphine ER 15 mg 2 times a day in the morning. The injured worker indicated he stays up and active from 9 a.m. until 3 p.m. The injured worker needs to stay down with his foot elevated from 3 until bedtime. The injured worker was noted to take a third morphine ER 15 mg in the evening to help reduce pain and get more restful sleep. The injured worker indicated the pain was aching, stabbing, and electrical. The surgical history included an excision of a Neuroma. The physical examination revealed the right foot was just covered with dry skin. There was a surgical defect on the dorsum of the foot, approximately to the 2-3 toes. There was marked tenderness over the mid second metatarsal. The procedure performed was a regional block of the right ankle and foot, including the posterior tibial nerve at the medial malleolus and mid calf, saphenous nerve, and field block

of the dorsum of the foot. The diagnoses included crushing injury of the foot, unspecified diabetes, reflex sympathetic dystrophy of the lower limb and morbid obesity. There was no Request for Authorization or rationale submitted for the requested injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Regional block to the right foot (DOS: 08/14/14), QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Intravenous regional sympat.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous regional sympathetic blocks (for RSD/CRPS, nerve blocks), Page(s): 55.

Decision rationale: The California MTUS Guidelines indicate that regional sympathetic blocks are not recommended except as indicated when other treatments are contraindicated. The clinical documentation submitted for review failed to provide documentation of a necessity for a regional block. Additionally, the injured worker underwent a prior regional block on 06/02/2014. There was a lack of documentation of an objective decrease in pain and objective functional improvement as well as the duration of improvement with the prior injection. Given the above, the request for retrospective regional block to the right foot DOS 08/14/2014 quantity 1 is not medically necessary.