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| Case Number: | CM14-0163775 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 02/20/2013 |
| Decision Date: | 11/24/2014 | UR Denial Date: | 09/23/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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 Orthopedic Surgery 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 44 year old male who was injured on 02/20/2013 when a panel of wood weighed approximately 300 pounds fell on his right ankle. Diagnostic studies were reviewed. Prior history includes medications, brace, and injections. He was seen on 08/18/2014 for right ankle pain radiating to the right leg. On exam, the right ankle revealed restricted range of motion with inversion, dorsiflexion and plantar flexion. Lateral ankle instability, positive anterior Drawer's test, and minimal edema. He was diagnosed with pain in the joint involving ankle and foot; and right foot internal derangement. The patient was seen on 09/15/2014 with complaints of continued pain in the right foot. His exam did not reveal any significant findings. Prior utilization review dated 09/23/2014 states the request for right ankle block injection is denied based on the clinical information did not supported the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle block injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Regional Sympathetic Blocks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, CRPS, Sympathetic Blocks (Therapeutic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic block Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, CRPS, sympathetic blocks (therapeutic)

Decision rationale: According to MTUS guideline: Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy of CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment. Also see CRPS, diagnostic criteria; CRPS, medications; & CRPS. According to ODG guidelines it's recommended for local anesthetic sympathetic blocks for limited, select cases, as indicated below. Not recommend IV regional anesthesia blocks. Local anesthetic sympathetic blocks: Recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy/ functional restoration. When used for therapeutic purposes the procedure is not considered a stand-alone treatment. The role of sympathetic blocks for treatment of CRPS is largely empirical (with a general lack of evidence-based research for support) but can be clinically important in individual cases in which the procedure ameliorates pain and improves function, allowing for a less painful "window of opportunity" for rehabilitation techniques. (Harden, 2013) Use of sympathetic blocks should be balanced against the side effect ratio and evidence of limited response to treatment. See CRPS, diagnostic tests. In this case, this patient has no evidence of findings consistent with CRPS nor he has been diagnosed with CRPS. As such, the request is considered not medically necessary.