

Case Number:	CM14-0166816		
Date Assigned:	10/14/2014	Date of Injury:	11/12/2008
Decision Date:	12/03/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 Neurology, 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 patient is a 36 year old female. Note dated 6/11/14 indicates left leg pain and headaches. The pain has been present since November 2008. Examination notes antalgic gait favoring the left leg. There is 4/5 strength in distal left leg with allodynia in the instep of left foot with mild allodynia up to the ankle and dyesthesias with light touch at the knee. Diagnosis of left foot complex regional pain syndrome (CRPS) and headaches was indicated by treating provider. Treatment with injections was reported. A trial of spinal cord stimulator was performed, but the insured did not tolerate the trial. Note dated 4/4/14 indicates left paralumbar sympathetic block. Block was performed with 0.5% Ropivacaine. The note does not indicate any temperature measurements. Note dated 5/15/14 indicates 25% decrease in pain that lasted about 2 weeks then returned to normal from Lumbar sympathetic block on 4/4/14. Note dated 8/21/14 indicates increased left foot and ankle pain since last visit 5/15/14. Examination notes left foot that swells and color changes in left leg. There is allodynia with antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar sympathetic block x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-104.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, CRPS, sympathetic blocks

Decision rationale: Official Disability Guidelines regarding recommendations (based on consensus guidelines) for use of sympathetic blocks (diagnostic block recommendations are included here, as well as in CRPS, diagnostic tests): (1) There should be evidence that all other diagnoses have been ruled out before consideration of use. (2) There should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. (3) If a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase (1.5 degrees Celsius and/or an increase in temperature to greater than 34 degrees Celsius) without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should occur. This is particularly important in the diagnostic phase to avoid overestimation of the sympathetic component of pain. A Horner's sign should be documented for upper extremity blocks. The use of sedation with the block can influence results, and this should be documented if utilized. (Krumova, 2011) (Schurmann, 2001) (4) Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled (See #1-3). These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. The medical records provided for review do not indicate temperature measurements in support of documenting diagnostic block. From a therapeutic standpoint there is no documentation of increased functionality or decrease in medication use related to the block performed. As such the medical records do not support further blocks congruent with Official Disability Guidelines. Therefore, this request is not medically necessary.