

Case Number:	CM14-0185921		
Date Assigned:	11/14/2014	Date of Injury:	12/16/2009
Decision Date:	12/22/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/07/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 37 year old male with an injury date of 12/16/09. Based on the 06/02/14 QME report provided by treating physician, the patient complains of low back pain. Physical examination to the lumbar spine revealed tenderness to palpation to the paraspinal muscle and the area of the lower lumbar midline. Range of motion was decreased, especially on extension 10 degrees. Per AME report dated 06/11/14, "the patient underwent insertion of the right lumbar sympathetic epidural catheter, epidurogram with myelographic interpretation and right lumbar infusion. Pre-Operative and Post-Operative Diagnosis: Complex regional pain syndrome - I, right lower extremity on 12/02/13." Per treater report dated 05/23/14, patient underwent the procedure again on 04/28/14 with better results than the first. Treater report dated 09/26/14 stated that the second sympathetic block provided transient good relief, 75-80% lasting 2-4 weeks. Treater plans right lumbar sympathetic radiofrequency rhizotomy. Diagnosis 09/26/14; CRPS I right knee; status post sympathetic block x 2. The utilization review determination being challenged is dated 10/22/14. Treatment reports were provided from 01/23/13 - 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Sympathetic Radiofrequency Rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with low back pain. The request is for Right Lumbar Sympathetic Radiofrequency Rhizotomy. Per AME report dated 06/11/14, "the patient underwent insertion of the right lumbar sympathetic epidural catheter, epidurogram with myelographic interpretation and right lumbar infusion. Pre-Operative and Post-Operative Diagnosis: Complex regional pain syndrome - I, right lower extremity on 12/02/13." ODG guidelines pain chapter under CRPS, sympathectomy state, "Not recommended. The practice of surgical, chemical and radiofrequency sympathectomy is based on poor quality evidence, uncontrolled studies and personal experience. Furthermore, complications of the procedure may be significant, in terms of both worsening the pain and producing a new pain syndrome; and abnormal forms of sweating (compensatory hyperhidrosis and pathological gustatory sweating). Therefore, more clinical trials of sympathectomy are required to establish the overall effectiveness and potential risks of this procedure." Given the lack of ODG guidelines support for this procedure, the request is not medically necessary.