

Case Number:	CM14-0185980		
Date Assigned:	11/13/2014	Date of Injury:	07/31/2006
Decision Date:	12/30/2014	UR Denial Date:	10/31/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 56 year old male who was injured on 7/31/2006. The diagnoses are right ankle pain, complex regional pain syndrome and right foot pain. There are associated diagnosis of chronic neck pain that is managed by another provider. The past surgery history is significant for right ankle fusion in 2008 and cervical spine fusion. There is a past medical history of use of antidepressant for chronic pain associated depression in 2010. The patient completed PT and multiple interventional pain injections. The right ankle was noted to be stable after about 40 injections. The last sympathetic block on 8/1/2014 provided 10 days of pain relief. On 10/15/2014, [REDACTED] noted recurrence of right ankle pain that increased from 4/10 to 10/10 on a 0 to 10 pain scale. There are objective findings of redness, edema, weakness and dystrophic changes of the right foot and ankle. The medications are Methadone, Percocet and Gabapentin for pain. A Utilization Review determination was rendered on 10/31/2014 recommending non certification for Sympathetic Blocks series of 4, 1 week apart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic blocks a series of 4, one week a part ,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Pain Procedure Summary last updated 10/02/14 ; regarding lumbar sympathetic blocks

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57,104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Sympathetic Blocks

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of sympathetic blocks in the treatment of chronic pain. The ODG guidelines recommend that sympathetic blocks can be utilized for diagnosis and treatment of sympathetically mediated pain. It is recommended that the patient should undergo intensive physical therapy after sympathetic block to optimize the beneficial effects. The sympathetic blocks can be repeated if there is documentation of significant pain relief with functional restoration and reduction in medication utilization. The records indicate that the patient had subjective and objective findings consistent with complex regional pain syndrome of the right lower extremity. The patient had completed up to 40 injections with limited beneficial effects. There is no documentation that the patient completed that guideline recommended post sympathetic block physical therapy in August, 2014. The guidelines also recommend that anticonvulsant and antidepressant medications used for neuropathic pain be utilized in the treatment of complex regional pain syndrome. Interventional pain procedures are less effective in patient with psychosomatic symptoms. The criteria for Sympathetic blocks X4, 1 week apart was not met. Thus the request is not medically necessary.