

Case Number:	CM14-0026522		
Date Assigned:	06/16/2014	Date of Injury:	07/03/2008
Decision Date:	08/12/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/03/2014

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 Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 67-year-old male who reported an injury on 07/03/2008. The mechanism of injury was not noted within the documentation. The injured worker's prior treatments were noted to be chiropractic care, physical therapy, and medications. The injured worker's diagnosis was noted to be reflex sympathetic dystrophy of the lower limb. A clinical evaluation on 01/21/2014 noted the injured worker had complaints of sharp, stabbing, burning and constant left leg and foot pain. He added complaints of numbness, paresthesia, and weakness. The injured worker had used ice, heat and NSAIDs without improvement in symptoms. The objective findings included atrophy in the quadriceps. On forward flexion, the injured worker was able to reach to his knees. Lateral bending to the right was 0 - 10 degrees, and to the left was 20 - 30 degrees with pain. Extension measured 0 - 10 degrees. The injured worker had a positive straight leg raise at 40 degrees bilaterally. Range of motion to the spine was limited secondary to pain. Lower extremity deep tendon reflexes were absent at the knees. Sensation to light touch was decreased on the left in the lateral thigh, hypersensitive, and allodynic. Motor strength of the lower extremities measured 5/5 in all groups bilaterally. The treatment plan included a request for a lumbar sympathetic block as well as authorization for percutaneous spinal cord stimulator trial with 2 leads. The provider's rationale for the request was provided within the documentation. A request for authorization of medical treatment was provided and dated 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SYMPATHETIC BLOCK WITH ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block Page(s): 57.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend lumbar sympathetic blocks for diagnosis and treatment of pain in the pelvis and lower extremity secondary to CRPS 1 and 2. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use 3 blocks over a 3 to 4 day period. For positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. In addition, this should be followed by extensive physical therapy. The documentation provided fails to provide an adequate pain assessment. In addition, the injured worker's diagnosis is noted to be reflex sympathetic dystrophy of the lower limb. The lumbar sympathetic block is recommended for the diagnosis and therapy of CRPS. The documentation provided for review fails to meet the criteria for a lumbar sympathetic block. Therefore, the request for a lumbar sympathetic block with anesthesia is not medically necessary and appropriate.