

Case Number:	CM14-0037267		
Date Assigned:	06/25/2014	Date of Injury:	04/12/2010
Decision Date:	07/23/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 47 year old male who was injured on 4/12/10 involving his right knee. He was later diagnosed with knee sprain, medial meniscus tear and reflex sympathetic dystrophy. He also complained of lower back pain and was diagnosed with lumbosacral chronic sprain/strain superimposed on lumbar spondylosis with radiculopathy. He was treated with oral medications, physical therapy, modification in activity, lumbar facet block and sympathetic block injections, and surgery (right knee). It is not discussed in the documents whether or not the worker responded to the injections in his back or by much. An MRI of the lumbar spine was done on 5/16/11. The worker was being recommended left knee surgery. On 1/27/14 he was seen by his pain specialist who stated that he would need a left and right lumbar sympathetic block prior to the surgery in preparation for the possible exacerbation of his complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

left and right lumbar sympathetic blocks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): pp. 39-40.

Decision rationale: The MTUS Chronic Pain Guidelines state that for complex regional pain syndrome (CRPS), sympathetic blocks may be utilized, but are primarily recommended for diagnostic purposes or to be an adjunct during physical therapy. They should not be repeated if no improvement was observed with prior injections. In the case of this worker, it appears that the main reason for using another sympathetic block would be in preparation for a left knee surgery to prevent worsening of his CRPS, according to the notes provided for review. He had a previous sympathetic block in the lumbar area, but the results of such is not found in the notes provided. So it is unclear if there was any benefit to the injection in the past in order to warrant another repeat procedure. Without this documentation, the lumbar sympathetic block is not medically necessary.