

Case Number:	CM14-0037360		
Date Assigned:	06/25/2014	Date of Injury:	08/14/2012
Decision Date:	07/28/2014	UR Denial Date:	02/28/2014
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 General Surgery and is licensed to practice in Texas. 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 69-year old female who sustained an injury on 8/14/2012 as a result of a fall. The prior treatment included lumbar sympathetic block on 2/07/2014, physical therapy, Norco, Lyrica, Lidoderm patches, left knee arthroscopy, medial meniscectomy, physical supplementation and therapy, Pennsaid 2 percent and debridement of the lateral meniscus and chondroplasty of the medial femoral condyle. On 09/30/2013 an MRI of the left knee revealed inferior tear midportion medial meniscus and free edge tear anterior horn medial meniscus and five millimeter subchondral cystic change weightbearing area medial femoral condyle without full thickness cartilage loss. In an office visit on 2/12/2014 the claimant complained of severe pain in the left foot and ankle region with dysesthesias in the same distribution of pain, difficulty ambulating and swelling in the left knee. Physical examination revealed plantar flexion 12 degrees, inversion 20 degrees, decreased sensation to the entire left foot, hyperkeratotic nails in the left foot, left antalgic gait using a straight cane, swelling in the left knee and allodynia in the left knee. The recommendations were Lidoderm patches 5 percent, stop Lyrica, gabapentin and lidocaine cream, and undergo a repeat lumbar sympathetic block. On 2/25/2014 the treating provider noted complaints of left knee pain, catching and locking and tenderness over the medial and lateral joint lines. The claimant walked with a moderate limp on the left, hypersensitivity in the left knee, left foot and ankle with mild swelling. Range of motion was 0-80 degrees. There was tenderness in the medial joint line with pain on McMurray's, mild medial crepitation, mild retropatellar crepitation and mild swelling in the knee. The diagnoses were chronic regional pain syndrome type I in the left lower extremity. The plan was arthroscopy, follow up by treating physician and repeat block done by the same treating physician. In a UR letter 02/28/2014, the request for a lumbar sympathetic block, second injection, was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic block, second injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 57.

Decision rationale: The claimant has met the criteria for chronic regional pain syndrome (CRPS) and has undergone previous diagnostic lumbar sympathetic block with a reported two month relief of symptoms. The request is for a therapeutic series of three lumbar sympathetic blocks. Given the documented signs and symptoms and the positive response to previous lumbar sympathetic blockade as a diagnostic maneuver, the request for repeat lumbar sympathetic injection is medically necessary and appropriate.