

Case Number:	CM14-0039694		
Date Assigned:	06/27/2014	Date of Injury:	06/29/2009
Decision Date:	08/08/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/04/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained work injury on 06/29/09 while working as a massage therapist. She slipped on a hill with injury to her neck. She was found to have severe cervical stenosis with myelopathy and underwent a decompression and fusion. She has diagnoses including complex regional pain syndrome (RSD) of all extremities on the right greater than left side. Treatments have included multiple cervical stellate ganglion blocks with delayed improvement, pool therapy, acupuncture treatments, and Feldenkrais therapy. She began participating in a functional restoration program on 09/23/13. Testing has included an EMG (Electromyography) of the upper extremities on 09/29/09 showing findings of bilateral carpal tunnel syndrome and mild ulnar neuropathy. A bone scan on 09/29/09 showed findings consistent with upper extremity complex regional pain syndrome (RSD). Imaging of the lumbar spine in June 2012 is reported as showing multilevel disc bulging and mild facet arthritis. She was seen by the requesting provider on 03/12/14. She had a recent flare of burning right leg pain. She was improving with participation in the functional restoration program. She had been prescribed Gabapentin at 600 mg per day. She had noted changes in the toenails of her feet. Physical examination findings included changes of the right toe nails and lower extremity hair pattern. There was mild to moderate diffuse allodynia. Recommendations included continuation of Gabapentin and a right lumbar sympathetic block with fluoroscopy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar sympathetic block with epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Integrated Treatment/Disability Duration Guidelines, Pain (Chronic); CRPS sympathetic blocks (therapeutic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, CRPS (Complex Regional Pain Syndrome), sympathetic blocks.

Decision rationale: The claimant is being treated for complex regional pain syndrome (RSD) reported to be affecting all extremities. This request is for a lumbar sympathetic block for the right lower extremity due to complaints of a flare of burning leg pain. When seen by the requesting provider she had noted nail changes and the provider documented nail and hair changes and the presence of allodynia. The claimant was participating in a functional restoration program with substantial improvement in gait and had been restarted on Gabapentin at a dose of 600 mg per day. ODG addresses the role of lumbar sympathetic blocks. Requirements include fulfilling the Budapest (Harden) criteria for this diagnosis which include reporting at least one symptom in three of the four following categories: sensory hyperesthesia and/or allodynia), vasomotor (temperature asymmetry and/or skin color changes and/or skin color asymmetry), sudomotor/edema (edema and/or sweating changes and/or sweating asymmetry), and motor/trophic (decreased range of motion and/or motor dysfunction, i.e. weakness, tremor, or dystonia and/or trophic changes, i.e. hair, nail, or skin. In this case, the claimant reports only nail changes and therefore the criteria are not met. Additionally, blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. In this case, the claimant was benefitting from the functional restoration program with improved gait. She had been restarted Gabapentin but at a suboptimal dose of 600 mg per day suboptimal dose of 900 mg per day. An adequate trial with Gabapentin would include three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. Therefore, the request for Right lumbar sympathetic block with epidurography is not medically necessary and appropriate.