

Case Number:	CM14-0044733		
Date Assigned:	06/23/2014	Date of Injury:	08/16/2010
Decision Date:	07/23/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/20/2014

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 Interventional Spine and is licensed to practice in California. 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 40-year old with an injury date on 8/16/10. Based on the 2/24/14 progress report provided by [REDACTED] the diagnoses are: 1.CRPS (Complex Regional Pain Syndrome) Type 1 at right ankle, 2.Degeneration of lumbar intervertebral disc, 3.Injury of ankle. Examination on 2/17/14 showed the patient ambulating with cane when going distance, hyperlordosis of lumbar-spine, tenderness to palpation of transverse process on left at L5, motor strength of L1 slightly diminished and a straight leg raise negative. Neurologically unable to report light touch from mid tibia through dorsum of right foot, and sensation resumes in area of great toe. Patient states this occurs when sitting or weight bearing on right. Examination on 2/24/14 showed that: erythema over right ankle, ecchymosis over right ankle, edema noted 2+ and not pitting up to right knee. [REDACTED] is requesting Steroid/Anesthetic nerve injection - Sympathetic nerve block. The utilization review determination being challenged is dated on 3/12/14 due to inappropriate diagnosis of CRPS. [REDACTED] is the requesting provider, and he provided treatment reports from 5/2/13 to 5/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid/Anesthetic Injection-Sympathetic Nerve Block: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Block; Complex Regional Pain Syndrome Page(s): 35-37.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40, 41, 103-104.

Decision rationale: This patient presents with bilateral lumbar pain, right thigh pain radiating down to right foot with numbness/tingling/burning. The physician has asked for steroid/anesthetic nerve injection - sympathetic nerve block on 2/24/14. Patient has failed conservative therapy and current medication/physical therapy regimen is not effective as of 2/24/14. Review of the reports does not show any evidence of sympathetic nerve blocks being done in the past. Regarding sympathetic blocks, MTUS recommends for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Due to failure of other conservative modalities, and presenting symptoms that include loss of sensation in feet, burning pain discoloration which are hall-marks of sympathetic mediated pain. Therefore the requested left lumbar sympathetic block is appropriate for patient's persistent knee pain and is medically necessary.