MAXIMUS Federal Services

Case Number:	CM14-0046264		
Date Assigned:	07/02/2014	Date of Injury:	04/27/2009
Decision Date:	08/27/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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 Illinois. 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 42-year-old female who reported an injury on 04/27/2009. The diagnosis was reflex sympathetic dystrophy left ankle and left foot. The mechanism of injury was the injured worker's left foot was run over by a golf cart. The documentation indicated the injured worker underwent a left lumbar sympathetic block on 12/17/2013 and again on 03/04/2014. The documentation of 03/20/2014 revealed the injured worker's injection helped for several days. The injured worker indicated the Prologel was helping, however, she needed more. The physical examination revealed motor strength of 4/5 in the left ankle, the sensory examination revealed dysesthesia and allodynia. The injured worker was noted to ambulate with a cane. The treatment plan included the lumbar sympathetic block assisted the injured worker with her pain for several days and this was her second injection, and as per the guidelines, the injured worker would need 4 more injections. The documentation indicated the injured worker needed to be trialed with topical medication, and it was opined Prologel was recommended due to studies that appear to reduce the C-fiber swelling that can cause inflammation and pain. The injured worker indicated that Prologel helped her low back pain and she would need 3 more 4 oz bottles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic blocks x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39-40, 111-113. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain, CRPS, sympathetic block, therapeutic.

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

Decision rationale: The California MTUS Guidelines indicate that sympathetic blocks are not specific for CRPS. Repeat blocks are only recommended if continued improvement is observed. The clinical documentation submitted for review indicated the injections were beneficial. However, there was a lack of documentation of objective functional benefit as well as an objective decrease in pain. There was a lack of documentation indicating a necessity for 4 additional blocks without re-evaluation. Given the above, the request for lumbar sympathetic blocks x 4 is not medically necessary.

Prologel 4oz x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation submitted for review failed to provide documentation that the injured worker had trialed antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established through supplied documentation. However, it was indicated the medication was beneficial. Additionally, there was a lack of documentation indicating a necessity for 3 tubes of the medication. Therefore, the request for Prologel 4oz x3 is not medically necessary and appropriate.