

Case Number:	CM14-0048520		
Date Assigned:	06/25/2014	Date of Injury:	08/07/2006
Decision Date:	07/29/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 45 year old male who sustained an injury on 08/07/06. The mechanism of injury was not specified. The injured worker sustained a traumatic left arm amputation and was assessed with chronic regional pain syndrome in the left upper extremity with overuse syndrome in the right upper extremity. The injured worker was recommended for IV Lidocaine therapy to address chronic regional pain syndrome (CRPS). This requested treatment was denied by utilization review on 03/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 IV Lidocaine therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS, Sympathetic Blocks.

Decision rationale: In regards to the request for IV Lidocaine Therapy for chronic regional pain syndrome (CRPS) The Expert Reviewer does not recommend this request as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. In

regards to IV regional anesthesia there is insufficient evidence regarding the efficacy of this procedure as compared to standard treatment for CRPS such as local anesthetic sympathetic blocks or the use of medications. At this time there is no evidence to support the use of IV regional blocks with lidocaine versus other conservative treatment. There is no clinical documentation submitted for review indicating the injured worker has exhausted all other reasonable methods of addressing the reported CRPS symptoms. Therefore, the request for IV Lidocaine Therapy is not medically necessary.