MAXIMUS Federal Services

Case Number:	CM14-0054639		
Date Assigned:	07/07/2014	Date of Injury:	12/31/2009
Decision Date:	08/07/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 53-year-old woman who sustained a work related injury on December 31, 2009. Subsequently, she developed left wrist, right knee, and right shoulder pain. The magnetic resonance imaging (MRI) of the right knee dated on September 7, 2010 revealed a tear to the inner margin of the body of the lateral meniscus. The MRI of the right leg dated September 7, 2010 revealed essentially unremarkable findings. The progress report dated November 1, 2013 indicates that despite the fact that the patient underwent a right knee and right shoulder surgery, she continues with right knee pain with a continued limp. The patient also reported range of motion limitations at the shoulder. Upon exam, the patient was able to demonstrate 100 degrees of right shoulder flexion, 15 degrees of external rotation, and internal rotation to L5. The clinical note dated March 13, 2014 indicates the patient continuing with complaints of right knee pain. The note indicates the patient utilizing Norco, Flexeril, and Lovastatin for pain relief. The note also indicates the patient is able to demonstrate full range of motion at the right knee. The operative report dated March 27, 2014 indicates the patient undergoing a right knee microfracture chondroplasty as well as a synovectomy. The progress note dated April 2, 2014 indicates the patient continuing with a significant amount of generalized pain throughout her body. This was attributed to her fibromyalgia flare up. Physical examination showed pain elicited at the right knee upon palpation. Reflexes were rated 0/4 at the patellar tendon. Limited range of motion was identified. Allodynia was identified in the right lower extremity. The provider requested authorization for right lumbar sympathetic nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar sympathetic nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain guidelines, Pain Chapter, online versionOfficial Disability Guidelines, Pain chapter, online version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 57, 104.

Decision rationale: According to MTUS guidelines, "Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects". According to MTUS guidelines, lumbar sympathetic block Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy (Colorado, 2002). The records indicate that the patient is complaining of allodynia. However, no other information was submitted confirming the diagnosis of complex regional pain syndrome (CRPS). Edema and skin abnormalities are missing from the provider report. Therefore, right lumbar sympathetic nerve block is not medically necessary.