

<b>Case Number:</b>	CM14-0075089		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 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 injured worker is a 29-year-old male who reported an injury on 01/21/2013. The injured worker reportedly suffered a burn to the left foot while working in the kitchen. Current diagnoses include reflex sympathetic dystrophy of the lower limb and low back myofasciitis. The injured worker was evaluated on 04/14/2014 with complaints of 8/10 ongoing pain and weakness. Previous conservative treatment includes physical therapy and medication management. The injured worker has also been treated with a lumbar sympathetic block on the left. The current medication regimen includes tramadol, ibuprofen, Neurontin and Ambien. Physical examination on that date revealed tenderness to palpation of the left ankle/foot, decreased range of motion and allodynia. Treatment recommendations included a repeat lumbar sympathetic block, physical therapy and continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Lumbar Sympathetic block, left side:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block Page(s): 57, 104. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation (12th annual edition)Low Back-Lumbar & Thoracic (Acute & Chronic)(Updated 02/13/14).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39-40.

**Decision rationale:** California MTUS Guidelines state sympathetic blocks are recommended only as indicated for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. There is no documentation of this injured worker's active participation in an exercise program. There is also no documentation of objective functional improvement following the initial lumbar sympathetic block. As such, the request is not medically necessary.

**Start Physical Therapy (aggressively):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. There was no specific body part listed in the request. There is also no frequency or total duration of treatment listed in the request. As such, the request is not medically necessary.

**Voltaren Gel 1% no refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac, which is indicated for the relief of osteoarthritis pain. The injured worker does not maintain a diagnosis of osteoarthritis. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.