

Case Number:	CM14-0086994		
Date Assigned:	07/23/2014	Date of Injury:	05/23/1995
Decision Date:	09/15/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/10/2014

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. 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 51 year old female whose date of injury is 05/23/1995. The mechanism of injury is not described. Treatment to date includes lumbar plexus block on 12/05/13 and 02/20/14. Follow up note dated 03/26/14 indicates she is still having increased left knee pain. MRI reportedly shows chondromalacia with cystic degeneration of the anterior cruciate ligament. Impression notes chronic left knee pain secondary to compensable consequence to her right knee; complex regional pain syndrome right lower extremity; chronic pain syndrome; and depressive disorder. Follow up note dated 06/18/14 indicates that the pain in the right leg is rated as 8/10. On physical examination gait is antalgic. She does exhibit difficulty sitting down and standing up from the chair. She can walk on toes and heels. The injured workers' ankles are not swollen but right knee shows healed scars from previous surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Plexus Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web, Pain CRPS, Sympathetic Blocks (Therapeutic).

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: Based on the clinical information provided, the request for lumbar plexus block is not recommended as medically necessary. The mechanism of injury is not described. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The injured worker's objective, functional response to prior lumbar plexus blocks is not documented to establish efficacy of treatment and support additional blocks. There is no current, detailed physical examination submitted for review, and the injured worker's compliance with an active home exercise program is not documented. Therefore, medical necessity cannot be established in accordance with Official Disability Guidelines Pain Chapter.