

Case Number:	CM14-0105528		
Date Assigned:	07/30/2014	Date of Injury:	08/13/2005
Decision Date:	05/01/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Podiatrist

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 50-year-old male, who sustained an industrial injury on 8/13/05. He has reported a right foot crush injury. The diagnoses have included crushing injury of foot and reflex sympathetic dystrophy of the lower limb. Treatment to date has included medications, regional block right foot/ankle, yoga, massage therapy, Transcutaneous Electrical Nerve Stimulation (TENS), trigger point injections, functional restoration program, psychotherapy and acupuncture. The Magnetic Resonance Imaging (MRI) of the right foot was done on 6/1/07. The x-rays of the foot were performed on 5/23/07. Currently, as per the physician progress note dated 5/22/14, the injured worker complains of right and left foot pain rated from 4/10-9/10 on pain scale. The pain was described as aching and stabbing. The pain medication he currently takes includes Morphine extended release as needed, Norco and Amitriptyline. The physician requested treatment included Retrospective Nerve Block Injection (DOS 6/2/14) Quantity of 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Nerve Block Injection (DOS 6/2/14) Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 103-104.

Decision rationale: It is well established in this case that the pt is receiving the anesthetic injections for treatment of his CRPS. The MTUS chronic pain chapter states that: Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block). Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS sympathetic and epidural blocks for specific recommendations for treatment. Also see CRPS, diagnostic criteria; CRPS, medications; & CRPS. Stellate ganglion block (SGB) (Cervico-thoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. Thoracic Sympathetic Blocks: Not recommended due to a lack of literature to support effectiveness. Lumbar Sympathetic Blocks: There is limited evidence to support this procedure, with most studies reported being case studies. It is determined in the literature that this type of procedure provides limited results for the patient and is not medically necessary.