MAXIMUS Federal Services

| Case Number: | CM14-0192411 | | |
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| Date Assigned: | 11/26/2014 | Date of Injury: | 03/02/2013 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

## 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 Pain Medicine and is licensed to practice in Florida. 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 39 year old female who sustained a work related injury March 2, 2013, with a first proximal phalangeal fracture left and chronic pain since the injury. She has been treated with steroid injections into the foot with no relief, physical therapy without much benefit (documentation of physical therapy sessions are not present in case file), Lyrica, Norco, Tramadol, Lidoderm patch, Tizanidine, and lumbar sympathetic nerve blocks with pain relief. Past medical history includes a diagnosis of diverticulitis. An office visit performed October 7, 2014; the treating physician documents the injured worker complaining of flare-up left ankle pain 9/10, and hypersensitivity. Physical examination of the left lower extremity reveals; signs of allodynia to light touch and summation of pinprick over the medial and lateral aspect of the ankle. Passive range of the ankle is painful in all planes; active range is full, disuse atrophy in the left calf and thigh in comparison to the right, deep tendon reflexes are +1 at the knees and ankles, toes are down going to plantar reflex bilaterally and goo 5/5 strength in the lower extremity muscle groups tested. Diagnoses: left foot contusion and fracture of the first proximal phalanx with chronic metatarsalgia, complex regional pain syndrome left lower extremity, and MRI of the left foot revealing flexor hallucis longus tenosynovitis(no report of MRI present in this case file).Treatment plan included refill Lidoderm, Flector patch, Lyrica, Norco, Tramadol ER, and Zanaflex. Work status is documented as return to work, with a modification of no running. On October 20, 2014, the injured worker returns to treating physician for a follow-up and stated she had a 1 week relief of all pain following the block, then good and bad days for two weeks and now back to baseline of pain in the left foot. The pain is described as burning with radiation up the left leg 3-4/10. On examination, the left foot is darker in color (mild), tender to touch, especially in the first web space allodynia, hyperesthetic, and swollen. Treatment recommendations included continue medications (gradual titration of Lyrica, Ultram Baclofen,

and Norco), physical therapy, lumbosacral spine MRI, psychological evaluation and biofeedback, and authorization for left lumbar sympathetic radiofrequency ablation. Work status remains back to work with no running.According to utilization review performed October 29, 2014, and citing CA MTUS and ODG (Official Disability Guidelines), radio frequency sympathectomy is not a recommended intervention for complex regional pain syndrome (CRPS), due to risks of complications, including worsening of pain or producing a new pain syndrome, and lack of supporting evidence. Therefore, the requested left lumbar sympathetic radio frequency ablation is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Sympathetic Radio Frequency Ablation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guideline Work Loss Data Institute LLC; Corpus Christi, TX ; Section: Low Back Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -pain, CRPS, sympathetic blocks

**Decision rationale:** ODG guidelines support certain criteria for radio frequency ablation. The medical records indicate only 1 diagnostic block performed. MTUS does not support RF of sympathetic ganglia in lumbar region. Congruent with ODG, the medical records do not demonstrate failure of 3-6 sympathetic blocks combined with PT and failure of SCS which is the next recommended treatment.