

Case Number:	CM14-0193551		
Date Assigned:	12/01/2014	Date of Injury:	09/25/2012
Decision Date:	01/13/2015	UR Denial Date:	11/06/2014
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 Internal 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:

This is a 32-year-old male with a work related injury dated September 25, 2012, which was described as a gunshot wound to the right lower extremity. Treatment history documented had included physical therapy, multiple lumbar sympathetic blocks, oral pain medications, physiological counselling, antidepressant medication and sleep aid medications. At the psychologist visit dated September 12, 2014 the worker was documented as responding to treatment, more active with less depression and social isolation and improvement of post-traumatic stress disorder symptoms. At the physician's visit documented October 6, 2014 the worker was complaining of leg pain, increased weakness in his right leg even when using a soft Velcro support. The worker also reported using ice packs that helped in relieving the pain. There was a documented fall since his last visit due to loss of balance. Pain at the time of the visit was documented as rating a five but states that it does get as high as ten. Pain was described as throbbing and burning. There was also documentation of some changes in color and temperature of the right lower extremity. The physical exam was remarkable for ambulation with a cane, strength and tone normal, joints stable with normal range of motion, normal motor strength and pain to light touch to right lower extremity. Plan of care at this visit included additional physical therapy for strengthening, continuation of Norco and gabapentin, a request for series of lumbar sympathetic blocks and a right knee brace. The worker was also awaiting an approval for a clinical trial with a spinal cord stimulator. The utilization review decision dated November 6, 2014 reflected that the request for lumbar sympathetic block with fluoroscopy guidance was non-certified. The rationale for the non-certification stated the worker had previous lumbar sympathetic blocks and the documentation submitted for review did not provide information regarding the worker's functional response to previous sympathetic blocks in the terms of increased range of motion, reduction in pain medication usage, increased activity tolerance or

decreased allodynia to warrant a repeat procedure. Per the California MTUS, Chronic Pain Treatment Guidelines, the worker should have a positive response to procedure of 50 percent or greater for the duration of the local anesthesia and pain relief and should be associated with functional improvement. The medical necessity for this procedure had not been established based on the documentation reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Sympathetic Block Fluoro Guidance Conscious Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Block Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, lumbar sympathetic block under fluoroscopic guidance and conscious sedation is not medically necessary. Lumbar sympathetic block is useful for the diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS I and II. This block is commonly used for the differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3 to 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. In this case, the injured worker has a working diagnosis of reflex sympathetic dystrophy of the lower limb. He has undergone multiple lumbar sympathetic blocks since December 2013. He wears a Velcro support that does not help and is taking oral medications. The injured worker is a 32-year-old man with the date of injury September 25, 2012. The documentation submitted included an October 6, 2014 progress note. The progress note did not document any degree of functional objective information relative to prior sympathetic blocks. There was no discussion in terms of increased range of motion, reduction in analgesic medications, increased activity tolerance, or decreased pain to warrant a repeat procedure. The guidelines indicate that for a positive response pain should be 50% or greater (for the duration of the local anesthetic) and pain relief should be associated with functional improvement. Consequently, absent the appropriate documentation, the lumbar sympathetic block under fluoroscopy and conscious sedation is not medically necessary.