

Case Number:	CM14-0203822		
Date Assigned:	12/16/2014	Date of Injury:	05/16/2012
Decision Date:	02/06/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/05/2014

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 Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 59-year-old man who sustained a work-related injury on May 16 2012 . Subsequently, the patient developed a chronic left foot pain. According to a progress report dated on August 26, 2014, the patient was complaining of ongoing left foot pain with drop and pain severity rated 7-9/10 with burning sensation and numbness. The patient was reported to take gabapentin, tramadol, tizanidine and nortriptyline. The patient physical examination demonstrated antalgic gait. The patient was using crutches to ambulate. There is lumbar tenderness with reduced range of motion. The patient physical examination of the left demonstrated allodynia with color changes in the skin. There is decreased sensation in the left foot. The patient was diagnosed with complex regional syndrome. The provider requested authorization for pain consultation for lumbar sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Pain Management to include Lumbar Sympathetic Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, Chronic Pain Treatment Guidelines Chronic Pain Programs, Early Intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no clear documentation that the injured worker needs a pain management evaluation as per MTUS criteria. The injured worker developed complex regional syndrome that did not respond to pain medications. The injured worker is eligible for an evaluation with a pain specialist. However, the recommendation of the lumbar sympathetic block cannot be approved without having results on the pain evaluation. Therefore, the request for There is no clear documentation that the injured worker had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Consult with Pain Management to include Lumbar Sympathetic Block is not medically necessary.