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| Case Number: | CM14-0204272 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 11/20/2013 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 11/20/2014 |
| 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:

According to the records made available for review, the injured worker is a 28 year-old female with a date of injury of 11/20/2013. The results of the injury include left foot and ankle pain. Diagnoses include complex regional pain syndrome, left foot; and musculoligamentous sprain and strain, left foot. Diagnostic studies included an MRI of the left forefoot/midfoot, performed on 06/03/2014, which revealed small effusions or focal fluid accumulation in the first and third distal intermetatarsal spaces; possible focal inflammatory change. Treatments have included medications, sympathetic nerve blocks, and physical therapy. Medications have included Norco and Cymbalta. A progress note from the treating physician, dated 11/05/2014, documented a follow-up evaluation of the injured worker. The injured worker reported increased left foot pain with any kind of activity and stepping on the left foot, and rates the pain as 8/10 on the visual analog scale. The injured worker reported left foot swelling, and was evaluated for the same days earlier in the emergency department. Objective findings include the use of a wheelchair; antalgic gait with a boot in place on the left foot/ankle; and allodynia is present. Work status is listed as modified work. Plan of treatment included the appealing of psychiatric evaluation; prescriptions for medications including Norco and Ambien; and recommendations for a left lumbar sympathetic block and physical therapy, three times per week for four weeks, while awaiting a bone scan to be performed. Request is being made for Left Lumbar Sympathetic Nerve Block. On 11/20/2014, Utilization Review non-certified a prescription for Left Lumbar Sympathetic Nerve Block. Utilization Review non-certified a prescription for Left Lumbar Sympathetic Nerve Block based on the request being premature pending the results of the pending study: Triple Bone Scan. The Utilization Review cited the CA MTUS 2009: Chronic Pain Medical Treatment Guidelines: CRPS, sympathetic and epidural blocks. Application for independent medical review was made on 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar sympathetic nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympa.

Decision rationale: According to MTUS guidelines, <Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects>. According to MTUS guidelines, lumbar sympathetic block is recommended as indicated below: Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 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. It should be followed by intensive physical therapy. The records indicate that the patient is complaining of left foot pain. However, no other information was submitted confirming the diagnosis of CRPS. Edema and skin abnormalities are missing from the provider report. Therefore, the request for left lumbar sympathetic nerve block is not medically necessary.