MAXIMUS Federal Services

Case Number:	CM14-0044638		
Date Assigned:	07/02/2014	Date of Injury:	07/27/2009
Decision Date:	05/06/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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: California, Illinois
Certification(s)/Specialty: Internal Medicine

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 55-year-old male who reported an injury on 07/26/2009. The mechanism of injury was not stated. The current diagnoses include chronic pain, rule out complex regional pain syndrome in the left lower extremity, status post left foot tibia/fibula fracture, and status post left foot surgery with residual. The injured worker presented on 02/25/2014 for a follow-up evaluation. The injured worker reported 5/10 pain with medication and 9/10 pain without medication. Upon examination, there was moderately limited lumbar range of motion with tenderness noted in the left foot. Atrophy was also noted in the left foot. The injured worker was very limited in ambulatory ability and utilized a wheelchair. Treatment recommendations included a lumbar sympathetic block. A Request for Authorization form was then submitted on 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Paravertebral Sympathetic Block with local anesthetic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57-58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104.

Decision rationale: California MTUS Guidelines recommend regional sympathetic blocks. They are generally limited to the diagnosis and therapy of CRPS. In this case, it is noted that the injured worker has been previously treated with a left lumbar paravertebral sympathetic block on 10/15/2013. Although the provider noted a positive response with a reduction of pain and an improvement in function, there was no objective evidence of an improvement greater than 50% to support the necessity for an additional procedure. The injured worker continues to report persistent pain and currently utilizes a wheelchair, as he is non-ambulatory. Given the above, the request is not medically appropriate.

Fluoroscopic Guidance for the Left Lumbar Paravertebral Sympathetic Block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.