

Case Number:	CM14-0059631		
Date Assigned:	07/09/2014	Date of Injury:	07/24/2010
Decision Date:	01/02/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 57-year-old female with a 7/24/10 date of injury. At the time (4/7/14) of request for authorization for Outpatient sympathetic block times four to be given one week apart for chronic disk syndrome, there is documentation of subjective (knee, low back, and right foot and ankle pain) and objective (erythematous right foot, change in temperature, diaphoretic right foot and ankle with hypersensitivity, and decreased range of motion) findings, current diagnoses (right ankle pain and low back pain), and treatment to date (medications and physical therapy). 5/30/14 medical report identifies a diagnosis of CRPS/RSD of right foot/ankle; and a plan which includes a sympathetic blocks to the right foot. There is no documentation of blocks used as an adjunct to facilitate physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient sympathetic block times four to be given one week apart for chronic disk syndrome: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of sympathetically mediated pain and blocks used as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of sympathetic a blocks. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that repeated blocks are only recommended if continued improvement is observed. Within the medical information available for review, there is documentation of diagnoses of right ankle pain, CRPS/RSD of right foot, and low back pain. In addition, given documentation of objective (erythematous right foot, change in temperature, diaphoretic right foot and ankle with hypersensitivity, and decreased range of motion) findings, there is documentation of sympathetically mediated pain. However, there is no documentation of blocks used as an adjunct to facilitate physical therapy. In addition given documentation of a request for Outpatient sympathetic block times four to be given one week apart, there is no documentation of observed continued improvement following each injection, in order to warrant repeat injections. Therefore, based on guidelines and a review of the evidence, the request for Outpatient sympathetic block times four to be given one week apart for chronic disk syndrome is not medically necessary.