

Case Number:	CM15-0101795		
Date Assigned:	06/04/2015	Date of Injury:	01/19/2012
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 56 year old female patient, who sustained an industrial injury on 1/19/12. The diagnoses include symptoms of complex regional pain syndrome of right lower extremity, status post right total knee replacement with ongoing pain and stiffness, arthrofibrosis, possible occult infections and loose prosthesis and symptomatic osteoarthritis of left knee. Per the note dated 4/21/15, she had improvement in right leg pain and stiffness after sympathetic blocks. She had ongoing left knee pain. Per the note dated 12/9/14, she had complains of continued right knee pain. Physical exam noted hyperesthesia in right lower extremity with decreased reflexes and no gross instability. The medications list includes celecoxib, tramadol and gabapentin. Treatment to date has included oral medications including total knee replacement, Naprosyn and topical Voltaren gel and activity restrictions. She has had last sympathetic block on 3/18/15. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic nerve block x 5 to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic and epidural blocks.

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

Decision rationale: Request; Sympathetic nerve block x 5 to the right knee. Per the CA MTUS guidelines, regarding sympathetic block "recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. They are recommended for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy." Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade. (Varrassi, 2006) (Cepeda, 2005) (Hartrick, 2004) (Grabow, 2005) (Cepeda, 2002) (Forouzanfar, 2002) (Sharma, 2006) A recent detailed clinical evaluation note is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Significant evidence of CRPS-I or II supported by diagnostic or radiological reports is not specified in the records provided. In addition, patient had sympathetic block on 3/18/2015. Response in terms of objective functional improvement and decreased need of medications is not specified in the records provided. The medical necessity of Sympathetic nerve block x 5 to the right knee is not fully established for this patient.