

Case Number:	CM15-0105084		
Date Assigned:	06/09/2015	Date of Injury:	05/16/2012
Decision Date:	07/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male sustained a crush injury to the left foot on 5/16/12. Recent treatment included medications and a lumbar sympathetic block (4/8/15). In a PR-2 dated 4/27/15, the injured worker complained of worsening pain. The injured worker reported difficulty sleeping due to pain. The injured worker reported some improvement following injections. Physical exam was remarkable for left ankle and foot swollen, edematous, colder and with less hair than the right lower extremity. The physician noted that the injured worker was currently using Lidoderm topical cream for chronic regional pain syndrome (CRPS). The injured worker would require physical therapy once the CRPS settled down. Current diagnoses included CRPS type I left leg, chronic nerve damage and joint stiffness. The treatment plan included requesting authorization for a pain consultation, physical therapy and requesting authorization for sympathetic blocks times 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic blocks times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, CRPS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), p104 Page(s): 104.

Decision rationale: The claimant sustained a work-related injury in May 2012 and continues to be treated for left lower extremity pain including a diagnosis of CRPS. When seen, there had been improvement after a second sympathetic block on 4/22/15. She was still having pain. The assessment references needing physical therapy once her CRPS settles down. Lumbar sympathetic blocks can be recommended for select condition and can be used diagnostically and therapeutically. They should be accompanied by intensive physical therapy to optimize success. In this case, physical therapy is not being actively planned. Therefore, the requested series of block is not medically necessary.