

Case Number:	CM15-0130186		
Date Assigned:	07/15/2015	Date of Injury:	01/08/2013
Decision Date:	08/13/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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: California

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:

The injured worker is a 43 year old female who sustained an industrial injury on January 8, 2013. She has reported injury to the left foot and ankle and has been diagnosed with complex regional syndrome with a flare. Treatment has included medications, injection, and physical therapy. There was a definite purplish discoloration of the left foot and ankle. There was plus 1 swelling in the lateral aspect of the ankle, which was obscuring the lateral malleolus. She does have mild to moderate mechanical allodynia over the scar. Computed tomography scan date February 18, 2015 revealed status post fusion of the calcaneocuboid joint with ankyloses of the joint space. There appeared to be solid osseous ankyloses, no acute osseous abnormality detected, no erosive or destructive changes noted, soft tissues are unremarkable. The treatment request included a left lumbar sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar sympathetic block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block).

Decision rationale: Regarding the request for lumbar sympathetic block, CA MTUS does not specifically address indications for repeat blocks. ODG cites that pain relief should be 50% or greater for the duration of the local anesthetic, pain relief should be associated with functional improvement, and blocks should be followed by intensive physical therapy. Within the documentation available for review, the patient was noted to obtain significant pain relief from the prior blocks, but there is no indication of functional improvement or that the injection would be accompanied by intensive PT. In light of the above issues, the currently requested lumbar sympathetic block is not medically necessary.