

Case Number:	CM15-0133168		
Date Assigned:	07/21/2015	Date of Injury:	09/04/1997
Decision Date:	08/17/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/09/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female who sustained an industrial injury on 9-4-97. Diagnosis is complex regional pain syndrome. In a narrative progress report dated 6-8-15, the primary treating physician notes the injured worker did not have effective pain relief with the left L2 and L3 lumbar sympathetic block performed on 5-19-15 and reports 40% improvement. She complains of pain in the neck and left foot as constant and at worst is 7 out of 10, on average 6 out of 10 and with pain medication, function improves 50%. She continues to have significant symptoms of allodynia, hyperalgesia, hypersensitivity, and waking several times during the night. There is swelling color change, and decreased range of motion of the left ankle. Her gait is with a limp, she had lumbar sympathetic blocks done on 2-4-14 and 7-1-14 with relief reported as 70%. The implanted Medtronic stimulator is reported to provide limited benefit. She notes she has to keep the current at a low level because increasing the intensity of stimulation causes an unpleasant tapping sensation. A plan is to arrange for reprogramming of the dorsal column stimulator to see if a better stimulation pattern can be provided. If there is no improvement from a second lumbar synthetic block, the plan may be to consider implanting a Boston Scientific pulse generator. She will start Lidopro topically to help with allodynia and hyperalgesia. She continues to have chronic intractable pain that continues to require medication management. With current medications, she is able to perform activities of daily living for up to 30 minutes at a time and without medications that decreases to 5-10 minutes at a time. A urine drug screen 6- 8-15 and cures report have been consistent. Medications prescribed this visit are Norco, Nucynta ER, and LidoPro ointment. Work status is permanent and stationary. The requested treatment is a repeat lumbar sympathetic block on the left at L2 and L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar sympathetic block on left at L2 and L3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103 of 127.

Decision rationale: This claimant was injured in 1997 and holds a diagnosis of complex regional pain syndrome. As of June 2015, there was no effective pain relief with the left L2 and L3 lumbar sympathetic block performed on 5-19-15 and reports 40% improvement, she had lumbar sympathetic blocks done on 2-4-14 and 7-1-14 with relief reported as 70%. The implanted Medtronic stimulator is reported to provide limited benefit. Regarding Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) the MTUS notes that recommendations are generally limited to diagnosis and therapy for CRPS. Given the limited response of the last injection, and the lack of evidentiary support for safety and efficacy, I am averse to recommending certification for this claimant. The request is not medically necessary.