

Case Number:	CM15-0139409		
Date Assigned:	07/29/2015	Date of Injury:	08/09/2011
Decision Date:	10/05/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/17/2015

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 is a 39 year old male who reported an industrial injury on 8-9-2011. His diagnoses, and or impressions, were noted to include: crushing foot injury; ankle joint pain; reflex sympathetic dystrophy lower limb; rule-out complex regional pain syndrome left foot-ankle; and a flare-up of left knee pain. Recent x-rays of the left lower limb were taken on 5-26-2015; no current imaging studies were noted. His treatments were noted to include: diagnostic imaging studies; psychiatric pain management evaluation and treatment; a home exercise program; medication management; and modified work duties. The progress notes of 6-29-2015 noted a follow-up visit for complaints of continued left foot and ankle pain, paresthesia's, and left knee swelling and pain with calf swelling; and of a recent Emergency Room visit for these symptoms for which he brought the records which were reviewed. Objective findings were noted to include: an antalgic gait; hyperesthesia over the left foot and ankle; swelling and tenderness over the left knee and joint line, with no warmth. The physician's requests for treatments were noted to include a left leg sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left leg sympathetic block: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, CRPS, sympathetic blocks.

Decision rationale: The claimant sustained a crush injury to the left foot and ankle in August 2011 and is being treated for left knee, foot, and ankle pain with paresthesias. When seen on 06/08/15 he was having knee swelling and of flare-up of pain. He was continuing to take Norco. Physical examination findings included knee swelling with joint line tenderness. There was an antalgic gait. He was seen by the requesting provider on 06/26/15. He was undergoing treatments for cellulitis. Physical examination findings included a resolution of erythema and warmth that had been present at the previous visit. There was hypersensitivity. There was a limited examination of the ankle and knee due to severe pain. Diagnoses included left lower extremity cellulitis, ankle and foot pain, and ruled out CRPS. Authorization for a lumbar sympathetic block was requested. ODG addresses the role of lumbar sympathetic blocks. Requirements include fulfilling the Budapest (Harden) criteria for this diagnosis. This includes reporting at least one symptom in three of following categories: sensory hyperesthesia/allodynia, vasomotor, sudomotor/edema, and motor/trophic. In this case, the claimant reports only hypersensitivity. The recorded physical examination findings do not support a diagnosis of CRPS and the claimant is being treated for cellulitis. The requested sympathetic block is not considered medically necessary.