

Case Number:	CM15-0147304		
Date Assigned:	08/10/2015	Date of Injury:	02/15/2014
Decision Date:	09/04/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/29/2015

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: Emergency 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 34 year old male with an industrial injury dated 02-15-2014. The injured worker's diagnoses include left ankle sprain and strain, left foot contusion, left foot anterior talofibular (ATFL) partial tear with edema and bone marrow contusion and edema of lateral aspect, osteopenia of the left ankle and foot, and complex regional pain syndrome (CRPS) of left lower extremity. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, home exercise therapy, activity modification, cane, transcutaneous electrical nerve stimulation (TENS) and periodic follow up visits. In a progress note dated 05-07-2015, the injured worker reported left foot and ankle pain rated a 7 out of 10 and right foot pain rated a 6 out of 10. The injured worker also reported an overly sensitive left foot and ankle. Objective findings revealed hypoperfusion of the left foot and ankle, left ankle tenderness, crepitation with range of motion, mild swelling, hyperesthesia, and slight decreased temperature of the left distal lower extremity. The treatment plan consisted of consult, sympathetic ganglion block, transportation, and medication management. According to a more recent progress note dated 06-12-2015, the injured worker reported continued left foot and ankle pain. Objective findings revealed tenderness over the talofibular ligament and antalgic gait. The treating physician recommended addition physical therapy with gait training and reported that the injured worker was not a candidate for sympathetic nerve blocks because he did not have the stigmata associated with complex regional pain syndrome (CRPS). The treating physician prescribed services for interventional pain management consultation and left lumbar sympathetic ganglion block, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interventional Pain Management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Interventional Pain Management consultation, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has left foot and ankle pain rated a 7 out of 10 and right foot pain rated a 6 out of 10. The injured worker also reported an overly sensitive left foot and ankle. Objective findings revealed hyperglasia of the left foot and ankle, left ankle tenderness, crepitation with range of motion, mild swelling, hyperesthesia, and slight decreased temperature of the left distal lower extremity. The treatment plan consisted of consult, sympathetic ganglion block, transportation, and medication management. According to a more recent progress note dated 06-12-2015, the injured worker reported continued left foot and ankle pain. Objective findings revealed tenderness over the talofibular ligament and antalgic gait. The treating physician has not documented the specific detailed medical necessity for this consultation as to what he is anticipating from such a consult. The criteria noted above not having been met, Interventional Pain Management consultation is not medically necessary.

Left Lumbar Sympathetic Ganglion Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome.

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

Decision rationale: The requested Left Lumbar Sympathetic Ganglion Block, is not medically necessary. CA MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines Lumbar sympathetic block noted: "Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity." The injured worker has left foot and ankle pain rated a 7 out of 10 and right foot pain rated a 6 out of 10. The injured worker also reported an overly sensitive left foot and ankle. Objective findings revealed hyperglasia of the left foot and ankle, left ankle tenderness, crepitation with range of motion, mild swelling, hyperesthesia, and slight decreased temperature of the left distal lower extremity. The treatment plan consisted of consult, sympathetic ganglion block, transportation, and medication management. According to a more recent progress note

dated 06-12-2015, the injured worker reported continued left foot and ankle pain. Objective findings revealed tenderness over the talofibular ligament and antalgic gait. The treating physician has not documented sufficient physical exam evidence indicative of CRPS nor full conservative treatment trial failures. The criteria noted above not having been met, Left Lumbar Sympathetic Ganglion Block is not medically necessary.