

Case Number:	CM15-0165978		
Date Assigned:	08/28/2015	Date of Injury:	04/17/2011
Decision Date:	09/30/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/24/2015

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 33 year old female, who sustained an industrial injury on 4-17-11. Initial complaint was of her left ankle. The injured worker was diagnosed as having left ankle sprain- strain; left Morton's neuroma; Complex Regional Pain (CRP) syndrome left foot. Treatment to date has included status post lateral ankle ligament reconstruction (2011); physical therapy; status post third webspace neuroma excision (1-30-15); medications. Currently, the PR-2 notes dated 6-10-15 indicated the injured worker complains of ongoing moderate-to-severe left ankle and foot pain. She has been taking Gabapentin 900mg without significant relief. She received a sympathetic nerve block on 6-3-15 and another is pending per this note for date of service 6-24-15. Objective findings are documented as hyperesthesia throughout the left ankle and foot with tenderness diffusely and multiple trigger points to the left ankle and foot. She has a +4 over 5 strength throughout the left ankle and foot. She also has an antalgic gait pattern but otherwise normal range of motions and strength throughout. Dur to her industrial injury, she is a status post lateral ankle ligament reconstruction of 2011. She then is a status post third webspace neuroma excision of 1-30-15; after which she experienced delayed healing-superficial necrosis with resolved cellulitis of the left foot. She developed chronic foot pain in the left foot resulting in Complex Regional Pain Syndrome (CRP). She proceeded to have Left L3 Lumbar sympathetic blocks on 6-3-15 and again on 6-24-15. The provider notes that if the blocks are not effective, she may be a candidate for implantable pain stimulator. The provider is requesting authorization of Lumbar sympathetic block; 12 physical therapy sessions for the left lower extremity and Peripheral neuroma injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nerve blocks, Intravenous regional sympathetic blocks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 103 of 127 and page 104 of 127.

Decision rationale: This claimant was injured in 2011 with a left ankle sprain-strain; left Morton's neuroma; and alleged Complex Regional Pain (CRP) syndrome of the left foot. Treatment to date has included lateral ankle ligament reconstruction (2011); physical therapy; status post third webspace neuroma excision (1-30-15); and medications. As of June, there is ongoing moderate-to-severe left ankle and foot pain. She has been taking Gabapentin 900mg without significant relief. She received a sympathetic nerve block on 6-3-15 and another is pending per this note for date of service 6-24-15. Functional improvement outcomes from the injections are not noted. The only objective finding noted was documented hyperesthesia throughout the left ankle and foot with tenderness diffusely and multiple trigger points to the left ankle and foot. Other than hypesthesia, none of the other classic Harden signs for CRPS are noted. 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. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment. There is limited evidence to support this procedure, with most studies reported being case studies. The long term objective benefit out of the blocks is not known; and the diagnosis of CRPS is not clearly established in this claimant's case. This request was appropriately not medically necessary.

12 physical therapy sessions for the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

Decision rationale: As shared earlier, this claimant was injured in 2011 with a left ankle sprain-strain; left Morton's neuroma; and alleged Complex Regional Pain (CRP) syndrome of the left foot. Treatment to date has included lateral ankle ligament reconstruction (2011); physical therapy; status post third webspace neuroma excision (1-30-15); and medications. As of June, there is ongoing moderate-to-severe left ankle and foot pain. She has been taking Gabapentin 900mg without significant relief. She received a sympathetic nerve block on 6-3-15 and another

is pending per this note for date of service 6-24-15. Functional improvement outcomes from the injections are not noted. The only objective finding noted was documented hyperesthesia throughout the left ankle and foot with tenderness diffusely and multiple trigger points to the left ankle and foot. Other than hypesthesia, none of the other classic Harden signs for CRPS are noted. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient" Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general." A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy was appropriately not medically necessary.

Peripheral neuroma injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nerve blocks, Intravenous regional sympathetic blocks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): ACOEM, Chapter 3, Initial Approaches to Treatment, page 48.

Decision rationale: As previously noted, this claimant was injured in 2011 with a left ankle sprain-strain; left Morton's neuroma; and alleged Complex Regional Pain (CRP) syndrome of the left foot. Treatment to date has included status post lateral ankle ligament reconstruction (2011); physical therapy; status post third webspace neuroma excision (1-30-15); and medications. As of June, there is ongoing moderate-to-severe left ankle and foot pain. Injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to re-injury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intra-articular administration, including infection and unintended damage to neurovascular structures. Injections of opioids are never indicated except for conditions involving acute, severe trauma.