

Case Number:	CM15-0168687		
Date Assigned:	09/09/2015	Date of Injury:	01/19/2012
Decision Date:	10/08/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/27/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 1-19-12. The injured worker is undergoing treatment for complex regional pain syndrome (CRPS) right lower extremity, right saphenous neuralgia and right knee enthesopathies. Medical records dated 7-28-15 indicates the injured worker complains of right knee pain even after right total knee arthroplasty. She reported greater than 60% pain relief and increased function following diagnostic lumbar sympathetic ganglion block on 3-18-15. The record also provides there is authorization of second sympathetic block and physical therapy. Physical exam notes tenderness to palpation of the right knee with full range of motion (ROM). Treatment to date has included right total knee replacement, therapy, lumbar sympathetic block and medication. The original utilization review (8-10-15) found non medically necessary a request for right lumbar sympathetic ganglion block under fluoroscopic imaging indicating prior diagnostic lumbar sympathetic ganglion block but that "there is lack of documentation of the patient participating in a physical or occupational therapy that is to be incorporated with the duration of symptom relief of the block during the therapeutic phase".

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Sympathetic Ganglion Block under Fluoroscopic Imaging: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment 6 Index 11th Edition (web) 2014 Pain (updated 7/15/2015) sympathetic blocks (therapeutic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS).

Decision rationale: The California MTUS section on CRPS pain management states: 3. Pain management: (a) Pharmacological: antidepressants (particularly amitriptyline); anticonvulsants (particularly gabapentin); steroids; NSAIDs; opioids; calcitonin; bisphosphonates; "1 adrenoceptor antagonists (terazosin or phenoxybenzamine). The latter class of drugs has been helpful in SMP. Clonidine has been given transdermally and epidurally. (See CRPS, medications.) Bisphosphonates have some literature support in the presence of osteopenia. (Rho, 2002) (b) Minimally invasive: depends on degree of SMP, stage of rehabilitation (passive or active movement), and response to blocks. (See CRPS, sympathetic blocks) Responders to sympathetic blocks (3 to 6 blocks with concomitant PT) may be all that is required. For non-responders somatic block or epidural infusion may be required to optimize analgesia for PT. (c) More invasive: After failure of progression or partial relief, consider tunneled epidural catheters for prolonged sympathetic or somatic blocks or neurostimulation with SCS in CRPS-I and II. See CRPS, spinal cord stimulators. Also consider peripheral nerve stimulation in CRPS-II and intrathecal drug delivery in patients with dystonia, failed neurostimulation, longstanding disease, multi-limb involvement and requirement of palliative care. (d) Surgical: Sympathectomy is not generally recommended, but has been considered in patients that respond to sympathetic blocks. Pre-procedure the patient should have outcomes assessed with radiofrequency and neurolytic procedures. (See CRPS, sympathectomy) Motor Cortex Stimulation has been considered. The review of the medical records shows the patient to meet criteria for this procedure and thus it is medically necessary.