MAXIMUS Federal Services

Case Number:	CM15-0183091		
Date Assigned:	09/24/2015	Date of Injury:	09/17/2014
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/17/2015

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: Indiana, Michigan, California
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 47 year old female who experienced a work related injury on September 17, 2014. Diagnoses include crush injury to the left foot, left ankle sprain and strain, lumbar spine pain, reflex sympathetic dystrophy of the lower limb. MRI of the left foot on June 23, 2015 showed magnetic susceptibility and hallux valgus deformity. Treatment has involved traumatic amputation of the left fourth toe, physical therapy, chiropractic care, medications and left sympathetic block on July 29, 2015. Request is for left lumbar sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar sympathetic block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS), Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block).

Decision rationale: Per MUTUS, lumbar sympathetic blocks have limited evidence for their support. The proposed indications include circulatory insufficiency of the leg, pain from post-herpetic neuralgia, frostbite, CRPS and phantom pain. The injured worker underwent a left sympathetic block on July 29, 2015 with no relief. Repeated blocks are only recommended if continued improvement is observed. Therefore, the request for a left lumbar sympathetic block is not medically necessary and appropriate.