

Case Number:	CM15-0188538		
Date Assigned:	09/30/2015	Date of Injury:	12/16/2009
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/24/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 38 year old male, who sustained an industrial injury on December 16, 2009. He reported injury to his low back. The injured worker was currently diagnosed as having complex regional pain syndrome, cervical disc degeneration, sprain of neck, lumbar lumbosacral disc degeneration and status post right knee surgery. Treatment to date has included diagnostic studies, surgery, home exercises, physical therapy, two previous lumbar sympathetic injections and medication. His last right lumbar sympathetic injection was noted to be from June 2014. The injection provided "good, transient relief." On July 30, 2015, notes stated that the injured worker has undergone physical therapy as well as medication management without improvement of the pain and continues to be symptomatic. On September 10, 2015, the injured worker continued to complain of right leg pain with burning, sensitivity with lancinating and electrical shooting pain. Physical examination of the right leg revealed slight swelling. Allodynia was noted. The treatment plan included diagnostic right lumbar sympathetic block under fluoroscopic guidance, medication refill, reevaluation in six weeks and continuation of home exercises, McKinsey, desensitization and range of motion. On September 15, 2015, utilization review denied a request for right lumbar sympathetic injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar sympathetic injection: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lumbar sympathetic block.

Decision rationale: Per MTUS with regard to lumbar sympathetic block: "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. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy." Per the medical records submitted for review, it was noted that the injured worker previously underwent sympathetic block x2 (9/2014) which provided good relief; 75-80% for two to four weeks. I respectfully disagree with the UR physician's assertion that there was no documentation of improvement with previous blocks. The request is medically necessary.