

Case Number:	CM15-0192783		
Date Assigned:	10/06/2015	Date of Injury:	07/11/2013
Decision Date:	11/25/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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, New York, 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 applicant is a represented 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 11, 2013. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve requests for a "pain management specialist" consultation, a second lumbar sympathetic block, and lumbar MRI imaging. The claims administrator referenced an August 10, 2015 office visit and an associated August 20, 2015 RFA form in its determination. The claims administrator did issue a partial approval for one pain management specialist follow-up office visit. The applicant's attorney subsequently appealed. On September 10, 2015, the applicant reported ongoing complaints of low back pain radiating to the right lower extremity. The applicant apparently carried an operative diagnosis of complex regional pain syndrome. The applicant also reported low back pain complaints radiating to the bilateral lower extremities. The applicant exhibited a visible limp. The applicant was given diagnoses of complex regional pain syndrome (CPRS), history of right ankle fracture, lumbar strain, and possible lumbar radiculopathy. The attending provider reiterated the request for lumbar MRI imaging, stating that it was essential for diagnosing the applicant's chronic pain complaints. The attending provider stated that the applicant would also remain under the concurrent care of the pain management specialist. The attending provider contended that the applicant had never had lumbar MRI imaging. The applicant was placed off of work, on total temporary disability. On August 10, 2015, the applicant again reported ongoing complaints of low back, bilateral ankle and bilateral foot pain, 7 to 8/10. Paresthesias were noted. The applicant reported difficulty standing and walking for retracted amounts of time. The applicant was described as having temporary pain and derived only temporary

analgesia following an earlier nerve block about the foot in March 2015. The applicant also received a corticosteroid injection to the ankle in 2014, it was reported, along with massage therapy and physical therapy at various points over the course of the claim. The applicant exhibited well- preserved lower extremity motor function with a visibly antalgic gait. The applicant was asked to obtain a second lumbar sympathetic block, remain under the care of a pain management specialist, while remaining off of work, on total temporary disability. The attending provider stated that the applicant might have issues with possible nerve root impingement about the lumbar spine. The attending provider stated that he would address the applicant's lumbar spine pain complaints while the applicant's pain management physician would continue to address the applicant's complex regional pain syndrome (CPRS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Yes, the request for pain management specialist [referral] was medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, an orthopedist, seemingly suggested that he was ill equipped to address issues with and/or allegations of complex regional pain syndrome (CRPS). The requesting provider, thus, suggested that the applicant obtain follow up care through a pain practitioner better equipped to address such issues and allegations, namely a pain management specialist. Therefore, the request was medically necessary.

Second Lumbar Sympathetic Block: Upheld

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

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

Decision rationale: Conversely, the request for a second sympathetic block was not medically necessary, medically appropriate, or indicated here. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, there is "limited evidence" to support lumbar sympathetic blocks, with most studies being case studies. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional

improvement at various milestones in the treatment program in order to justify continued treatment. Here, the request in question was framed as a repeat sympathetic block, with the applicant having had a prior such blocks in March 2015 and at an unspecified point in 2014. The applicant, however, was placed off of work, on total temporary disability, via progress notes dated August 10, 2015 and September 10, 2015, pain complaints as high as 7 to 8/10 were reported on those dates. The applicant was described as using unspecified pain medications on August 10, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite receipt of at least one prior lumbar sympathetic block. Therefore, the request for a repeat lumbar sympathetic block was not medically necessary.

MRI Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: Finally, the request for an MRI of the lumbar spine was medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 296 notes that no imaging studies are indicated for lumbar radiculopathy for four to six weeks unless compression is severe or progressive, here, the requesting provider, an orthopedic spine surgeon, reported on September 10, 2015 and on August 10, 2015 that the applicant had not had prior lumbar MRI imaging. The applicant was several years removed from the date of injury as of the date of the request. The attending provider contended that the bulk of the applicant's treatment through that point in time had comprised of treatment for the applicant's issues with ankle pain and/or lower extremity complex regional pain syndrome (CRPS). The attending provider contended that the applicant had developed superimposed issues with lumbar radiculopathy on office visits of August 10, 2015 and September 10, 2015 obtaining what was characterized as first-time lumbar MRI imaging was, thus, indicated to delineate the extent of the same. Therefore, the request was medically necessary.