

Case Number:	CM15-0200851		
Date Assigned:	10/15/2015	Date of Injury:	02/20/2009
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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: New Jersey, New York
 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 49 year old male who sustained an industrial injury on 2-20-09. A review of the medical records indicates he is undergoing treatment for complex regional pain syndrome of the right lower extremity, failed back surgery - post-laminectomy syndrome, possible lumbar arachnoiditis, and history of retrograde ejaculation postsurgical. Medical records (8-25-15, 9-22-15) indicate ongoing complaints of low back pain. The 8-25-15 record indicates that he "is now" complaining of a burning sensation in the right lower extremity with "dysesthesia and hypersensitivity to touch" of his back. The physical exam (8-25-15) indicates "dysesthesia to superficial touch over the areas of the left and right of the scar tissue", as well as over the right lower extremity, "more so than the left". His toes are noted to be "dusky looking" on the right in comparison to the left. Decreased sensation to pinprick of dermatomes L4, L5, and S1 on the right is noted. The 9-22-15 physical exam is congruent. Treatment has included medications. The treatment recommendation is for diagnostic sympathetic blocks on the right side for complex regional pain syndrome of the right lower extremity. The utilization review (9-23-15) indicates a request for authorization and denial of diagnostic sympathetic blocks for complex regional pain syndrome to the right lower extremity (x3).

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Sympathetic Blocks for CRPS (Complex Regional Pain Syndrome) to the right Lower Extremities X3: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, CRPS (complex regional pain syndrome) diagnostic tests.

Decision rationale: The request is medically necessary. The patient was clinically diagnosed with CRPS with dysethesia and hypersensitivity of right lower extremity. According to ODG guidelines, diagnostic sympathetic block may be recommended in a limited number of cases as the blocks may not be specific for CRPS. Less than one-third of patients are likely to respond to blocks. The patient did not have relief with SCS which was removed. Symptoms are not controlled by medication. It is reasonable to attempt a diagnostic block.