

Case Number:	CM15-0202129		
Date Assigned:	10/19/2015	Date of Injury:	08/29/2010
Decision Date:	11/30/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/14/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35 year old female sustained an industrial injury on 8-29-10. Documentation indicated that the injured worker was receiving treatment for reflex sympathetic dystrophy, right knee internal derangement, neck pain and lumbago. Previous treatment included right knee arthroscopy (2010), physical therapy, right knee brace and medications. The injured worker underwent lumbar sympathetic block on 1-13-15. In a visit note dated 3-5-15, the injured worker continuing to report a decrease in pain by 50% with a decrease of pain from 9 out of 10 on the visual analog scale to 3 out of 10 following lumbar sympathetic block on 1-13-15. In a visit note dated 4-2-15, the injured worker stated that her right knee was returning. The injured worker stated that there was still some benefit but the block had worn off to approximately 10% benefit from 70-80%. The injured worker rated her pain 8 out of 10 on the visual analog scale. The injured worker stated that she had to increase her medication use lately. In a visit note dated 4-30-15, the injured worker reported that she was unable to tolerate physical therapy without another lumbar sympathetic block. The injured worker underwent right sided lumbar sympathetic block at L2 and L3 on 5-19-15. In a visit note dated 6-26-15, the injured worker reported significant relief from lumbar sympathetic block performed on 5-19-15, with a decrease in pain from 9 out of 10 on the visual analog scale to 2 out of 10. The injured worker reported that she was able to walk better, stand longer and perform activities of daily living with greater ease. The injured worker had resumed postoperative physical therapy for the right knee and was attending weekly. The injured worker reported having an increase in strength and range of motion as well as a decrease in pain. The injured worker did still report having moderate knee pain as well as right

lower extremity pain. The physician noted that the agreed medical evaluator had recommended lumbar sympathetic nerve blocks every two to three months. The treatment plan included continuing medications (Norco, Amitriptyline, Naproxen Sodium, Spironolactone and Zolpidem). On 9-9-15, a request for authorization was submitted for right lumbar sympathetic block for retrospective DOS: 5-19-15. On 9-17-15, Utilization Review noncertified a request for retrospective right lumbar sympathetic block with fluoroscopic guidance and IV sedation for DOS 5-19-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Right Lumbar Sympathetic Block with Fluoroscopic Guidance and IV Sedation at L2-3 as an Outpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Lumbar sympathetic block.

Decision rationale: Per ODG Pain / 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 (Colorado, 2002)." ODG describes functional improvement as the following: "The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories: Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, etc); Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc (Oswestry, DASH, VAS, etc.); Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees. Approach to Self-Care and Education Reduced Reliance on Other Treatments, Modalities, or Medications: This includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. (California, 2007) For chronic pain, also consider return to normal quality of life, e.g., go to work/volunteer each day; normal daily activities each day; have a social life outside of work; take an active part in family life (Cowan, 2008)". In this case there is documentation of improvement in activities of daily living however there is inadequate documentation of objective measures of clinical exam findings. There is also no documentation of a progression of care or reduction in frequency of treatment over course of care. As this patient does not meet ODG guidelines the recommendation is not medically necessary.