

Case Number:	CM15-0203399		
Date Assigned:	10/20/2015	Date of Injury:	01/11/2011
Decision Date:	12/03/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/15/2015

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: Georgia

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:

This is a 57 year old female with a date of injury on 1-11-11. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain, right knee and right lower extremity pain. Progress report dated 7-9-15 reports status post total right knee replacement with resulting foot drop that is improving. She continues to have complaints of pain in her entire right lower extremity. She has complaints of lower back pain, buttock pain, sacroiliac pain and chronic pain in the right lower extremity. Sympathetic blocks for treatment of complex regional pain syndrome were previously recommended. Physical exam: well healed incision right knee, right lower extremity and foot have active EHL and common extensor tendon function and flicker of dorsiflexion of her ankle countering gravity at a 3 out of 5 level. MRI lumbar spine 12-30-14 reveals mild convex lumbar curvature, disc degenerated arthrolisthesis, annular tears noted at lateral disc margins bilaterally. Treatments include: medication, physical therapy, injections, total knee replacement March 2014. Request for authorization was made for Right lumbar sympathetic block fluoroscopic guidance and moderate sedation. Utilization review dated 9-21-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Sympathetic Block under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Right Lumbar sympathetic block under fluoroscopic guidance is not medically necessary. Per Ca MTUS states that stellate ganglion blocks are indicated for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities; specifically pain associated with complex regional pain syndrome, herpes zoster and post-herpetic neuralgia as well as frostbite and circulatory insufficiency. The enrollee does have physical findings consistent with complex regional pain; however, per Ca MTUS IV regional sympathetic blocks are recommended in conjunction with a rehabilitation program. There is no documentation or plan of rehabilitation program; therefore, the requested procedure is not medically necessary.

Moderate Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Moderate Sedation is not medically necessary given the right lumbar sympathetic block under fluoroscopic guidance is not medically necessary. Per Ca MTUS states that stellate ganglion blocks are indicated for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities; specifically pain associated with complex regional pain syndrome, herpes zoster and post-herpetic neuralgia as well as frostbite and circulatory insufficiency. The enrollee does have physical findings consistent with complex regional pain; however, per Ca MTUS IV regional sympathetic blocks are recommended in conjunction with a rehabilitation program. There is no documentation or plan of rehabilitation program; therefore, the requested procedure is not medically necessary.