

Case Number:	CM15-0020506		
Date Assigned:	02/10/2015	Date of Injury:	12/01/1998
Decision Date:	04/08/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/03/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male reported a work-related injury to his foot on 12/1/1998. According to the progress notes from the treating provider dated 1/12/2015, the diagnoses are complex regional pain syndrome and hip strain. He reports constant pain in the lower extremities. Previous treatments include medications, nerve block injections and surgery. The treating provider requests 4 sympathetic nerve blocks, one every 2 weeks. The Utilization Review on 1/16/2015 non-certified the request for 4 sympathetic nerve blocks, one every 2 weeks, citing CA MTUS and ODG recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for 4 sympathetic nerve blocks, one every 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic Blocks Page(s): 39-40.

Decision rationale: MTUS recommends sympathetic blocks only for a limited role. Multiple injections would only be indicated with clearly documented improvement and thus prospective approval for 4 injections would not be supported by the guidelines. This request is not medically necessary.