

Case Number:	CM15-0023712		
Date Assigned:	02/13/2015	Date of Injury:	12/31/1991
Decision Date:	04/15/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

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

The injured worker is a 76-year-old female who reported an injury on 12/31/1991 due to an unspecified mechanism of injury. On 01/21/2015, she presented for a followup evaluation regarding her work related injury. She reported 7/10 burning neuropathic pain and allodynia of the right lower extremity. It was stated that she had undergone a right lumbar paravertebral sympathetic block under fluoroscopic guidance at the L2, L3, and L4 and noted a 75% relief of the right lower extremity neuropathic pain and allodynia. A physical examination of her head and neck showed myofascial spasm at the neck and tenderness in the bilateral temporalis, bilateral splenius capitus, bilateral semispinals capitus, bilateral semispinals cervicis, bilateral trapezius, bilateral levator scapulae, bilateral supraspinatus and bilateral rhomboid muscles. There was also marked occipital tenderness noted with pressure reproducing the injured worker's usual occipitotemporal headache. Range of motion of the cervical spine was noted to be decreased with left and right lateral flexion and rotation being 45 degrees. Examination of the lower extremities showed allodynia noted of the right distal thigh to right lower leg and foot. There was moderate deep hyperalgesia noted of the right knee and the temperature coolness was noted of the right toes in comparison to the left. There was a delayed capillary refill time in the right toes in comparison with the left toes and no hyperhidrosis was noted of the feet. No nail bed or hair growth changes were noted and proximal and distal leg strength was 4/5 and equal between each side. Bilateral patellar and bilateral Achilles deep tendon reflexes were 1/4 and equal. She was diagnosed with CRPS syndrome of the bilateral upper extremities, bilateral median neuropathy due to carpal tunnel syndrome status post left carpal tunnel release, occipital

temporal muscle contraction and cephalgia, myofascial pain syndrome of the neck bilateral shoulders and thoracolumbar paravertebral muscles, low back pain, CRPS of the right lower extremity and right knee arthritis. The treatment plan was for 1 right paravertebral sympathetic block under fluoroscopic guidance at the L2, L3, and L4. The rationale for treatment was to treat the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right paravertebral sympathetic block under flourosopic guidance at L2, L3, L4:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block.

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, Diagnostic Tests.

Decision rationale: The Official Disability Guidelines indicate that sympathetic nerve blocks are used as an option in diagnosing CRPS. Based on the clinical documentation submitted for review the injured worker had had a 75% relief with the last sympathetic nerve block provided. However, there was a lack of documentation showing that the injured worker had an objective improvement in function following this block to support an additional injection. Also, documentation regarding the injured worker's condition following the sympathetic block was not provided to show that she had changes in her skin temperature and allodynia. Furthermore, the guidelines do not indicate that these blocks are recommended for therapeutic purposes and only state that they are used to diagnose CRPS. Therefore, the request is not supported. As such, the request is not medically necessary.