MAXIMUS Federal Services

Case Number:	CM15-0025140		
Date Assigned:	02/17/2015	Date of Injury:	05/11/2013
Decision Date:	03/31/2015	UR Denial Date:	02/06/2015
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: Texas, California
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 43 year old female, who sustained an industrial injury on May 11, 2013. She has reported carrying a heavy object stepped over rock and twisted her left foot, there was a tear in her ligament. The diagnoses have included left sprain/strain of ankle and contusion of left ankle. Treatment to date has included bilateral stabilization procedure, physical therapy and medication. Currently, the injured worker complains of left foot pain. In a progress note dated January 27, 2015, the treating provider's examination notes were not present with the rest of the report. The patient had complaints of pain and swelling in the left ankle and foot and 5/5 strength. The patient's surgical history include left ankle surgery on 4/18/14 and bladder surgery. She was not currently taking medication. Patient has received 18 PT visits for this injury. The patient has had MRI of the left ankle on 10/29/13 that revealed thickening of the ligament. She was ambulating with crutches and cam walker. She has had a urine drug toxicology report on 9/23/14 that was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar sympathetic block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 57Lumbar sympathetic blockPage 104Lumbar Sympathetic Blocks .

Decision rationale: Request: Left lumbar sympathetic block Per the CA MTUS guidelines cited below, regarding lumbar sympathetic block "There is limited evidence to support this procedure, with most studies reported being case studies." Per the cited guidelines lumbar sympathetic block is "Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II."A detailed physical examination of the low back was not specified in the records provided. Per the records provided, patient has had PT visits for this injury. The detailed response to these therapies is not specified in the records provided. Significant evidence of CRPS-I or II supported by diagnostic or radiological reports is not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Left lumbar sympathetic block is not fully established in this patient.

IV sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 57Lumbar sympathetic blockPage 104Lumbar Sympathetic Blocks. Decision based on Non-MTUS Citation Pain (updated 03/23/15) CRPS, sympathetic blocks (therapeutic)

Decision rationale: Q-2-IV sedation Per the CA MTUS guidelines cited below, regarding lumbar sympathetic block "There is limited evidence to support this procedure, with most studies reported being case studies." Per the cited guidelines lumbar sympathetic block is "Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II." A detailed physical examination of the low back was not specified in the records provided. Per the records provided, patient has had PT visits for this injury. The detailed response to these therapies is not specified in the records provided. Significant evidence of CRPS-I or II supported by diagnostic or radiological reports is not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Left lumbar sympathetic block is not fully established in this patient. Therefore the medical necessity of the request for IV sedation (during the sympathetic block) is also not fully established in this patient.