

Case Number:	CM15-0210595		
Date Assigned:	10/29/2015	Date of Injury:	06/04/2010
Decision Date:	12/10/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/27/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old male who sustained an industrial injury on 06-04-2010. Medical records indicated the worker was treated for lumbar stenosis, and cervicgia. In the provider notes of 08-21-2015, the worker continues with severe pain in the low back and right lower extremity, right hip, knee and right foot with radiation into the arms and legs. He rates the pain on a scale of 0-10 as a 9 without medications and a 6 at its best with medications. He describes the pain as sharp, cutting, throbbing, aching, pressure like, cramping, electric like and burning with pins and needles sensation. His skin is sensitive to light touch, and has cold abnormal skin changes, and abnormal hair and nail growth. The pain is aggravated by bending forward, bending backwards, doing exercises, coughing or straining, reaching, stooping, crawling, and prolonged standing, sitting and walking. He reports occasional constipation but no bladder problems. On exam, he ambulates with the aid of a Quad cane, has limited lumbar range of motion, and examination of the right lower extremity reveals evidence of skin atrophy. There is muscle atrophy of the major muscle groups of the bilateral lower extremities with evidence of hyperalgesia and allodynia over the dorsum of the right foot, right malleolus from the right ankle to below the right knee. Right knee has full range of motion. The right ankle has limited range of motion to 50% of normal limited by right ankle pain. The worker's medications include Oxycontin, Lyrica, Ambien, Flexeril, and docusate. His working diagnoses were reflex sympathetic dystrophy of the lower limb, and disorders of bursae and tendons in shoulder region. The treatment plan of care is for a lumbar sympathetic block, and medications, and a MRI of the lumbar spine with cervical spine, aqua therapy, and 36 by 14 standing anterior-posterior and lateral scoliosis x-rays. A request for authorization was submitted for Lumbar sympathetic on the right. A utilization review decision 10-14-2015 non-approved the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic block on the right: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Stellate ganglion block.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS), Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), Stellate ganglion block.

Decision rationale: MTUS Guidelines allow for a trial of sympathetic blockade if a diagnosis of CRPS is reasonably suspected. The blocks can assist with diagnosis and if beneficial can help with an aggressive trial of increasing activity-function during a period of pain relief. This individual has not had a long-term response to 5 years of conservative care. Under these circumstances, the Lumbar sympathetic block on the right is supported by Guidelines and is medically necessary.