

Case Number:	CM15-0221632		
Date Assigned:	11/17/2015	Date of Injury:	05/03/2014
Decision Date:	12/31/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/11/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 57 year old male, who sustained an industrial injury on May 3, 2014, incurring left lower extremity injuries. He was diagnosed with a fracture of the left hallux. He underwent a surgical fusion of the left great toe on December 9, 2014. He continued with pain and sensitivity in the left foot. Treatments included neuropathic medications (gabapentin 600mg BID), neuropathic creams, proton pump inhibitor pain medications, physical therapy, injections (September 11, 2015 a sympathetic block) and activity restrictions. Currently, the injured worker complained of persistent left foot pain. He was diagnosed with complex regional pain syndrome (CRPS) of the left foot. He rated his pain 8 out of 10 on a pain scale from 0 to 10 with prolonged walking. He noted shooting pain and swelling in the left foot. He noted color changes, numbness and tingling radiating into the calf region. He had pain, cramping and hypersensitivity in the left toes. The treatment plan that was requested for authorization included left lumbar sympathetic blocks for the left lower extremity. On October 28, 2015, a request for left lumbar sympathetic blocks for the lower extremity was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar sympathetic blocks for the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, CRPS, sympathetic blocks (therapeutic).

Decision rationale: Regarding the request for Left lumbar sympathetic blocks for the left lower extremity, Chronic Pain Medical Treatment Guidelines state that there is limited evidence to support this procedure. ODG states there should be evidence that all other diagnoses have been ruled out before consideration of use. There should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. Guidelines recommend therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment. Within the documentation available for review, there are recent subjective complaints and objective examination findings supporting the Budapest criteria. However, there is no documentation of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. Additionally, the request does not specify the number of blocks to be done and unfortunately, there is no provision to modify the current request. In the absence of such documentation, the currently requested Left lumbar sympathetic blocks for the left lower extremity are not medically necessary.