

Case Number:	CM15-0224039		
Date Assigned:	11/20/2015	Date of Injury:	09/13/2006
Decision Date:	12/30/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/13/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

This is a 70-year-old female with a date of industrial injury 9-13-2006. The medical records indicated the injured worker (IW) was treated for complex regional pain syndrome; osteoarthritis of the right and left mid foot; and bilateral mid foot arthritis, posttraumatic, status post Lisfranc fracture. In the most recent progress notes (8-27-15), the IW reported bilateral foot pain, greater on the left, radiating proximally on both sides and including the plantar aspect. She stated pain occurred when sheets or air touches her feet. She also complained of pain all over her body and weakness, which she stated was related to her complex regional pain syndrome. On examination (8-27-15 notes), her gait was antalgic. The bilateral foot exams were normal except for diffuse tenderness over the mid foot and some dystrophic changes in the skin. There was full range of motion in the feet and ankles. Treatments included medications (not specified), physical therapy (response not specified), cortisone injections (helped initially) and nerve blocks (helpful, last given 7-20-14). The IW was unable to work. The notes did not indicate the IW was currently in any kind of therapy. A Request for Authorization dated 10-16-15 was received for outpatient sympathetic block of the bilateral feet. The Utilization Review on 10-21-15 non-certified the request for outpatient sympathetic block of the bilateral feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient sympathetic blocks of the bilateral feet: 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), sympathetic blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Intravenous regional sympathetic blocks (for RSD/CRPS, nerve blocks).

Decision rationale: Outpatient sympathetic blocks of the bilateral feet is not medically necessary. The medical presentation for complex regional pain syndrome seems atypical. Further there, is documentation that the patient had prior injections without documentation of benefit. Per Ca MTUS Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS, sympathetic and epidural blocks for specific recommendations for treatment. Also see CRPS, diagnostic criteria; CRPS, medications; & CRPS. Lumbar Sympathetic Blocks: There is limited evidence to support this procedure, with most studies reported being case studies. Anatomy: Consists of several ganglia between the L1 and L5 vertebra. Proposed Indications: Circulatory insufficiency of the leg: (Arteriosclerotic disease; Claudication: Rest pain; Ischemic ulcers; Diabetic gangrene; Pain following arterial embolus). Pain: Herpes Zoster; Post-herpetic neuralgia; Frostbite; CRPS; Phantom pain. These blocks can be used diagnostically and therapeutically. Adjunct therapy: sympathetic therapy should be accompanied by aggressive physical therapy to optimize success. Complications: Back pain; Hematuria; Somatic block; Segmental nerve injury; Hypotension (secondary to vasodilation); Bleeding; Paralysis: Renal puncture/trauma. Genitofemoral neuralgia can occur with symptoms of burning dysesthesia in the anteromedial upper thigh. It is advised to not block at L4 to avoid this complication. Adequacy of the block: This should be determined, generally by measure of skin temperature (with an increase noted on the side of the block). Complete sympathetic blockade can be measured with the addition of tests of abolition of sweating and of the sympathogalvanic response. (Day, 2008) (Sayson, 2004) (Nader, 2005) For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy. (Colorado, 2002)