

Case Number:	CM15-0033187		
Date Assigned:	02/26/2015	Date of Injury:	06/27/2012
Decision Date:	04/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 28 year old female, who sustained an industrial injury on 6/27/12. She has reported right lower extremity injury with pain after repositioning large patients. The diagnoses have included reflex sympathetic dystrophy of the lower limb. Treatment to date has included medications, diagnostics, injections and surgery including right knee arthroscopy on 3/12/13. Currently, as per primary physician progress note dated 1/8/15, the injured worker is status post right lumbar sympathetic injection on 3/25/14 with over 80 percent relief in the right lower extremity. The pain is now returning and she cannot stand over 20 minutes. Her functional ability has increased moderately with increase in activity level and endurance. The pain and sensitivity is increasing now back to 5/10 on pain scale which is increased with activity and right knee buckles. It was noted that her walking tolerance has decreased as well as sleeping. She is doing a Home Exercise Program (HEP) daily. Physical exam revealed decreased range of motion in the right knee; sensation is increased in the right knee and calf with hyperhydrosis and hyperpathia. She was not able to heel-toe walk as the right leg was weak. Treatment plan was for Right lumbar sympathetic injection times one (1), continue medications, continue with Home Exercise Program (HEP) and return in 1 month. The current medications included Ultram, Norco, Neurontin, Catapress patch and Amitriptyline. On 2/9/15 Utilization Review non-certified a request for Right lumbar sympathetic injection times one (1), noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines for regional sympathetic blocks were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar sympathetic injection times one (1): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 39-40, 103-104.

Decision rationale: The patient presents with pain in the right lower extremity. The request is for RIGHT LUMBAR SYMPATHETIC INJECTION TIMES ONE. Patient is status post right lumbar sympathetic injection 03/25/14. Per 01/08/15 progress report, patient's diagnosis includes CRPS-I, right leg and status post right lumbar sympathetic injection with good relief (returned). Patient's medications, per 01/08/15 progress report include Ultram, Norco, Neurontin, Amitriptyline, and Catapres TTS. Patient is temporarily totally disabled. MTUS, page 39-40 states: "CRPS, sympathetic and epidural blocks. Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade." "Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; Poor coping skills; Litigation." MTUS p103-104 also states: "Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies." Patient is status post right lumbar sympathetic injection 03/25/14. In progress report dated 07/03/14, treater states that the injection provided over 80% pain relief in patient's right lower extremity. Medication use has decreased by approximately 50%. Patient's functional ability has increased moderately with increase in activity level and endurance. Patient's diagnosis includes CRPS-I, right leg. MTUS supports lumbar sympathetic injections for CRPS. The request appears to be reasonable and therefore, it IS medically necessary.