

Case Number:	CM15-0081943		
Date Assigned:	05/04/2015	Date of Injury:	11/10/2012
Decision Date:	06/02/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/29/2015

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: Arizona, 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 47 year old male who sustained a work related injury November 10, 2012. Past history included s/p L5-S1 laminectomy and left L5-S1 nerve root decompression, October, 2014. According to a physical medicine/pain management follow-up, dated February 4, 2015, the injured worker presented with left foot pain and right buttock pain with painful spasms. He reports, he has no relief from the low back surgery and continues to have left lower extremity pain, right buttock pain and low back pain. Diagnoses included contusion of the left foot from November, 2012; chronic regional pain syndrome(CRPS) of the left foot and ankle; low back pain with lumbar radiculitis, left lower extremity; right piriformis pain syndrome; left calf atrophy, etiology unknown. Treatment plan included a request for a lumbar sympathetic block with clonidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic block w/clonidine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS- and sympathetic block Page(s): 39.

Decision rationale: According to the guidelines, sympathetic block with clonidine is indicated for those with CRPS who have failed medications and conservative measures. In this case, the claimant has continued pain despite surgery, therapy and medications. The request for the sympathetic blockade is appropriate and medically necessary.