

Case Number:	CM15-0087878		
Date Assigned:	05/12/2015	Date of Injury:	06/10/2014
Decision Date:	06/11/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/07/2015

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: Emergency 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 17 year old male injured worker suffered an industrial injury on 06/10/2014. The diagnoses included chronic regional pain syndrome, foot pain, and peripheral neuropathy. The diagnostics included x-rays of the left foot. The injured worker had been treated with acupuncture, home exercise program and physical therapy. On 4/15/2015 the treating provider reported chronic left foot pain. The injured worker has increasing foot pain rated as 8 to 9/10 that is sharp pain that can increase to a burning pain. On exam there is paresthesia of the left foot radiating up the leg. There is minimal allodynia and he reported intermittent skin temperature changes. There was limited range of motion. The treatment plan included series of 6 left sympathetic blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 left sympathetic blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous Regional Sympathetic Blocks; Lumbar Sympathetic block.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 57 Lumbar sympathetic block Page(s): 57.

Decision rationale: The requested 6 left sympathetic blocks is not medically necessary. CA MTUS 2009: Chronic Pain Medical Treatment Guidelines Page 57 Lumbar sympathetic block, noted: "Recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. 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)" The injured worker has chronic left foot pain. The injured worker has increasing foot pain rated as 8 to 9/10 that is sharp pain that can increase to a burning pain. On exam there is paresthesia of the left foot radiating up the leg. There is minimal allodynia and he reported intermittent skin temperature changes. There was limited range of motion. The treating physician has documented chronic regional pain syndrome, foot pain, and peripheral neuropathy. The treating physician has not documented the medical necessity for six blocks without re-evaluation after an initial block. The criteria noted above not having been met, 6 left sympathetic blocks is not medically necessary.