

Case Number:	CM14-0121789		
Date Assigned:	08/06/2014	Date of Injury:	08/06/2009
Decision Date:	09/30/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 08/06/2009 due to hitting her foot on an open door. Diagnoses were complex regional pain syndrome, status post repair of second and third extensor tendons of the toes on the left foot, preoperative physical examination for left foot surgery, tear of the second and third toe extensor tendon at the area of proximal interphalangeal and distal interphalangeal joint confirmed by MRI, type 2 diabetes mellitus controlled with medication, essential hypertension controlled with medication, constitutional pain syndrome. Surgical history was a surgical repair of the second and third extensor tendons of the left foot. There were no subjective complaints reported. Neurological examination revealed continuation of significant hypersensitivity due to constitutional pain syndrome episode with continuation of pain to the left foot. The left continues to have symptomologies of redness and there was continuation of hypersensitivity to the left foot, even to light stroke, palpation, and range of motion of the toes. Muscular examination was within normal limits and a +5/5 with dorsiflexion, plantarflexion, inversion, and eversion except for the left foot. The injured worker had difficulty with range of motion of the left foot because of the pain the injured worker was exhibiting. The injured worker did demonstrate symptomology of difficulty with muscular motion and did demonstrate an inability to dorsiflex and plantarflex her toes with no active muscular control of the left foot being identified for digital range of motion. Ankle range of motion was within normal limits to dorsiflexion, plantarflexion, inversion, and eversion. Medications were no reported. Treatment plan was for orthopedic referral. The rationale and request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Side Lumbar Sympathetic Block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks Page(s): 39,36.

Decision rationale: The decision for left side lumbar sympathetic block is not medically necessary. The California Medical Treatment Utilization Schedule states that sympathetic and epidural blocks are recommended only as indicated below, for a limited role, primarily for diagnoses of sympathetically mediated pain and as an adjunct to facilitate physical therapy. It should be noted that sympathetic blocks are not specific for CRPS. No controlled trials have shown any significant benefit from sympathetic blocks. It was reported that the injured worker had CRPS. One of the criteria for CRPS is evidence at the time of edema, changes in skin blood flow, or abnormal sudomotor activity in the pain region. Examination on 07/22/2014 revealed capillary fill time was less than 3 seconds bilaterally. Skin temperature was warm bilaterally and symmetrical. No cyanosis was noted. There was no edema reported. The physical examination does not meet the criteria set for by the medical guidelines. Therefore, this request is not medically necessary.