

Case Number:	CM14-0139526		
Date Assigned:	09/10/2014	Date of Injury:	11/10/2012
Decision Date:	10/07/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 46-year-old male with an 11/10/12 date of injury. At the time (6/4/14) of request for authorization for Lumbar Epidural Sympathetic block with Clonidine for the left foot, there is documentation of subjective (pain over lower back, right buttock, and left lower foot/lower extremity) and objective (tenderness to palpation over L4-S1 midline and paraspinal region, bilateral posterior superior ileac spine/buttock tenderness, and positive allodynia to left foot) findings, current diagnoses (Lumbago and Chronic Regional Pain Syndrome of left foot and ankle), and treatment to date (medications and previous Lumbar Epidural Sympathetic block with Clonidine). Medical report identifies documentation of 50% of pain reduction with previous Lumbar Epidural Sympathetic block with Clonidine. There is no documentation of block used as an adjunct to facilitate physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural sympathetic block with Clonidine for the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks, Page(s): 39-40.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of sympathetically mediated pain and blocks used as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of sympathetic and epidural blocks. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that repeated blocks are only recommended if continued improvement is observed. Within the medical information available for review, there is documentation of Lumbago and Chronic Regional Pain Syndrome of left foot and ankle. In addition, given documentation of 50% of pain reduction with prior Lumbar Epidural Sympathetic block with Clonidine, there is documentation of continued improvement. However, there is no documentation of block used as an adjunct to facilitate physical therapy. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Epidural Sympathetic block with Clonidine for the Left Foot is not medically necessary.