MAXIMUS Federal Services

Case Number:	CM14-0145984		
Date Assigned:	09/12/2014	Date of Injury:	11/25/2012
Decision Date:	11/12/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/09/2014

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 Internal Medicine, and is licensed to practice in District of Columbia & Virginia. 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:

This is a 58 year old patient who sustained injury on Nov 25 2012. She had issues with left wrist pain and was diagnosed with lumbar sprain and strain, knee strain and lumbar disc herniation. She had multiple interventions: left knee injection, left knee arthroscopy and carpal tunnel surgery, left stellate ganglion block. She was followed by [redacted] for pain management. She was advised to have cervical sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical Sympathetic Block: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines intravenous regional sympathetic blocks (for RSD/CRPS, nerve block.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,37,39,40,41,55,103.

Decision rationale: Bier's block, Recommended as an option with bretylium for severe CRPS. Due to modest benefits and the invasiveness of the therapy, intravenous regional sympathetic block (Bier's block) with bretylium should be offered only after careful counseling, and should be followed by intensive physical therapy. For more information and references, see Regional sympathetic blocks; & CRPS, sympathetic and epidural blocks. Although there is very limited

scientific evidence to support this treatment, it is recommended as an option in certain cases when there are no to her alternatives. When the procedure is performed, it must be done in conjunction with a rehabilitation program. Any additional blocks must be based on objective evidence of improvement. The patient demonstrated having severe disease despite multiple treatment interventions. As per MTUS, sympathetic block would be medically necessary.