

<b>Case Number:</b>	CM14-0158877		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	05/28/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 and 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:

The underlying date of injury in this case is 5/28/2012. The date of the initial Utilization Review under appeal is 9/4/2014. The initial physician review references treating physician notes of 8/26/2014, which are not available at this time. The initial primary treating physician's pain management evaluation report of 7/10/2014 discusses this patient's initial injury in 5/2012 when her left foot went through a plank and caused her left ankle to roll and twist. The patient was felt to have complex regional pain syndrome of the left lower extremity. The differential diagnosis included a nonspecific entrapment neuropathy. The left ankle was noted to be generally weaker as compared to the right, although specific neurological deficits were not noted on examination. The treatment plan included a "trial of nerve blocks to the left foot and ankle to be discussed."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve blocks left foot/ankle with ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sym. Decision based on Non-MTUS Citation ODG Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Complex Regional Pain syndrome - Sympathetic Blocks Page(s): 39.

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines page 38 discusses sympathetic and epidural blocks for complex regional pain syndrome. Those blocks are indicated for a limited role for the diagnosis of complex regional pain syndrome. In this case, however, it is unclear what type of block is proposed for treatment. The request simply requests nerve blocks without any further specificity to understand further whether this would be a block of a peripheral nerve or sympathetic nerve and what distribution the nerve would be blocked in any event. Without further clarifying information, it is not possible to apply a treatment guideline or to confirm medical necessity. Therefore, at this time, based on the limited available information, this request is not medically necessary.