

Case Number:	CM14-0215313		
Date Assigned:	01/02/2015	Date of Injury:	03/09/2014
Decision Date:	02/24/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 patient is a 21 year old employee with date of injury of 3/9/14. Medical records indicate the patient is undergoing treatment for reflex sympathetic dystrophy; causalgia, tenosynovitis, neuralgia and contusion of the left forefoot. Subjective complaints include constant numbness and tingling of the foot. The numbness and tingling begins in the instep and radiates to the forefoot and sometimes the bottom of her foot. She has difficulty with dorsiflexion particularly when walking. She says her left leg and foot is discolored compared to the right. She has sweating sensations that develop on the left leg and she has times where her left leg will feel cold or hot. Objective findings include motion deficits which are secondary to pain of dorsiflexion and plantarflexion of 20 degrees. Biokinetic testing revealed grade IV weakness of the anterior tibialis. She has a positive Tinel's sign; positive compression test over the forefoot at dorsal nerve which radiates to forefoot. She has an antalgic gait. Treatment has consisted of Naproxen, PT, aquatic therapy and a walking boot. The utilization review determination was rendered on 11/26/14 recommending non-certification of nuclear medicine 3 phase bone scan of left foot and 6 lumbar sympathetic nerve root block injections with IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuclear medicine 3 phase bone scan of left foot: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35-37. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-384. Decision based on Non-MTUS Citation Ankle and Foot, Bone scan

Decision rationale: ODG Recommends as indicated below. Odg states that bone scanning is generally accepted, well established and widely used. Bone scanning is more sensitive but less specific than MRI. (Colorado, 2001) (ACR-foot, 2002) Indications for imaging -- Bone Scan (Radioisotope Bone Scanning): Bone scans may be utilized to rule out:-Tumor (suspected neoplastic conditions of the lower extremity) -Stress fractures in chronic cases (occult fractures, especially stress fractures, may not be visible on initial x-ray; a follow-up radiograph and/or bone scan may be required to make the diagnosis) - Infection (99MTechnecium diphosphonate uptake reflects osteoblastic activity and may be useful in metastatic/primary bone tumors, stress fractures, osteomyelitis, and inflammatory lesions, but cannot distinguish between these entities.) - Complex regional pain syndrome/CRPS-I/ Reflex sympathetic dystrophy (discontinued nomenclature), if plain films are not diagnostic. The treating physician an unremarkable left foot X-Ray, a MRI that showed mild degenerative changes and details a chronic regional pain syndrome of the left foot. The plain films of the left foot were not diagnostic and the physician has met the above ODG guidelines above. As such, the request for Nuclear medicine 3 phase bone scan of left foot is medically necessary.

Series of 6 lumbar sympathetic nerve block injections with IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39-40. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESI) Page(s): 46. Decision based on Non-MTUS Citation Low Back, Epidural steroid injections, diagnostic

Decision rationale: Selective nerve root blocks are also known as epidural transforaminal injection. MTUS states, “1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued

objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.” The claimant has undergone a trial and failure of conservative therapy with physical therapy and medications. However, the request is for 6 sympathetic nerve blocks and is in excess of guideline recommendations. As such, the request for 6 lumbar sympathetic nerve root block injections with IV sedation is not medically necessary.