

Case Number:	CM14-0215834		
Date Assigned:	01/05/2015	Date of Injury:	05/18/2010
Decision Date:	02/24/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/23/2014

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 35-year-old woman with a date of injury of May 18, 2010. The mechanism of injury occurred as a result of a crush injury. The injured worker's working diagnoses are status post first metatarsophalangeal joint cheilectomy and debridement; early left metatarsophalangeal joint degenerative arthritis; and possible chronic regional pain syndrome in the right lower extremity. The IW is status post left first metatarsophalangeal joint cheilectomy and debridement in December 2013. She has also had a steroid injection with benefit, 2 acupuncture sessions, and physical therapy with no benefit. Pursuant to the progress reports dated November 7, 2014, the IW complains of sharp pain along the first metatarsophalangeal joint which is rated 6/10 on the pain scale. Examination of the left foot reveals 45 degrees of dorsiflexion and 20 degrees of plantar flexion in the first metatarsophalangeal joint. There was some hypersensitivity over the area along with tenderness over the first metatarsophalangeal joint. The treatment plan recommendations include continue home exercise program. The treating physician is going to start the IW on Lidoderm patches, and is recommending sympathetic blocks. The current request is for sympathetic block X 3 to the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sympathetic block x 3 left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Sympathetic block

Decision rationale: Pursuant to the Official Disability Guidelines, sympathetic block times three to the left foot is not recommended. Intravenous regional sympathetic blocks (for RSD/CRPS) are not recommended due to lack of evidence for use. There is no role for IV diagnostic blocks with phentolamine or IVRA with guanethidine. Less than one third of patients with CRPS are likely to respond to sympathetic blockade. There are no signs or symptoms predict block success. The use of sympathetic blocks for diagnostic purposes is based on previous hypotheses concerning involvement of the sympathetic nervous system as a pathophysiologic cause of the disease. In this case, the injured worker's working diagnoses are status post first metatarsophalangeal joint cheilectomy and debridement; early left metatarsophalangeal joint degenerative arthritis; and possible chronic regional pain syndrome in the right lower extremity. The IW is status post left first metatarsophalangeal joint cheilectomy and debridement in December 2013. She has also had a steroid injection with benefit, 2 acupuncture sessions, and physical therapy with no benefit. The injured worker continues to complain of sharp pain along the first metatarsophalangeal joint. There were some hypersensitivity over the area along with tenderness over the first metatarsophalangeal joint. The treating physician is planning on starting lighted arm patches and recommending a sympathetic block. Intravenous regional sympathetic blocks for CRPS/RSD is not recommended due to lack of evidence for use. There are no signs or symptoms predict block success. Consequently, the guidelines do not recommend sympathetic block. Therefore, this request for sympathetic block times three to the left foot is not medically necessary.