

Case Number:	CM14-0216009		
Date Assigned:	01/06/2015	Date of Injury:	03/07/2012
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 44 year old male with an injury date on 3/7/12. The patient complains of constant ankle pain rated 7/10 on average, worsened by walking, touch, wind, stress, as well as lower back pain that is referred to the tailbone per 11/20/14 report. The patient has finished Keflex but still has a lot of back pain with a low grade fever per 9/17/14 report. After the patient's leads for spinal cord stimulator was pulled, patient had intense lower back pain and fever of 102 F, for which he visited the ER per 9/17/14 report. The patient also reports difficulty in urinating per 9/17/14 report. Based on the 11/20/14 progress report provided by the treating physician, the diagnoses are: 1. chronic left ankle pain s/p sural nerve neurotomy. 2. CRPS 3 s/p spinal cord stimulator trial for one week, leads pulled one month ago. A physical exam on 10/23/14 showed L-spine limited with flexion at 80 degrees. Left ankle range of motion is normal, but tender to palpation with effusion. Neurology: Decreased sensation in the left ankle. Reports involuntary movements, weakness, numbness, tremors. The patient's treatment history includes medications, spinal cord stimulator, MRI L-spine, psychological consult, lab tests (CBC, BMP, sedimentation rate to rule out infection). The treating physician is requesting left sympathetic nerve block L2. The utilization review determination being challenged is dated 12/4/14. The requesting physician provided treatment reports from 12/26/13 to 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sympathetic nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks CRPS, Treatment Regional Sympathetic Blocks (Stellate Gan. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Sympathetic Nerve Block

Decision rationale: This patient presents with left ankle pain, lower back pain. The treater has asked for left sympathetic nerve block L2 on 11/20/14. The patient had a prior left sympathetic nerve block of unspecified date/location and had [a] good response to this procedure in the past, per 11/20/14 report. An MRI dated 9/22/14 showed mild multilevel degenerative spondylosis of the lumbar spine with no findings to explain the patient's left > right lower extremity and buttock symptoms. Incidentally noted bilateral renal cysts. Mild degenerative changes of the sacroiliac joints. Regarding regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), MTUS recommends for CRPS. ODG guidelines for repeat sympathetic nerve blocks state that medication reduction is required. In this case, the patient has referred pain from lower back to tailbone as well as a diagnosis of CRPS. The patient had a prior left sympathetic block of unspecified date which gave some benefit. There was no documentation, however, regarding the duration or the amount of pain relief, nor any documentation of medication reduction as per ODG guidelines for repeat injections. The requested sympathetic nerve block L2 is not medically necessary.