

Case Number:	CM14-0089259		
Date Assigned:	09/19/2014	Date of Injury:	04/24/2003
Decision Date:	01/20/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 Family Medicine 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:

This is a 44 year old female patient who sustained a work related injury on April 23, 2003. The exact mechanism of injury was not specified in the records provided. She was permanent and stationary for the left shoulder for which she has exhausted aggressive treatment with no need for other surgery. Activity limitations included no forceful pushing or pulling the left upper extremity, no repetitive use of the left upper extremity above the shoulder level and no heavy lifting using the left upper extremity. The current diagnoses include reflex sympathetic dystrophy of lower extremity and chronic pain syndrome. Per the doctor's note dated 4/23/14, patient has complaints of shoulder, wrist and foot pain. She had radiation of pain to proximally left lower leg at 5/10 and it was relieved with medication. Physical examination of the low back revealed antalgic gait. Physical examination of the left shoulder revealed movement limited by pain; forward flexion was 110 degrees on the right and 95 degrees on the left, abduction 115 degrees on the right and 80 on the left and external rotation 95 on the right and 80 on the left, without supporting the elbow, a positive Neer impingement test, a positive Hawkins test. The current medication lists include Motrin, Norco and Percocet. Diagnostic imaging reports were not specified in the records provided. She has had four operative procedures to her left wrist and two to her right wrist. She had received a lumbar sympathetic block to the left lower extremity that had decreased pain by 50% and reduced symptoms of swelling, color changes, and temperature changes and increased her function and allowed her to perform a home exercise program. The patient has received an unspecified number of the physical therapy visits for this injury. The patient has used a left foot in a walking boot and brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lower extremity lumbar sympathetic block with MAC anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic Blocks Page(s): 39.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Blocks Page(s): 57, 107.

Decision rationale: Per the CA MTUS guidelines cited below, regarding lumbar sympathetic block "There is limited evidence to support this procedure, with most studies reported being case studies." Per the cited guidelines lumbar sympathetic block is "Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II." Any recent detailed clinical evaluation note of treating physician was not specified in the records. A detailed physical examination of the low back was not specified in the records provided. Per the records provided, patient has had physical therapy and chiropractic visits for this injury. Previous conservative therapy note and response to these therapies is not specified in the records provided. She had received a lumbar sympathetic block to the left lower extremity that had decreased pain by 50% and reduced symptoms of swelling, color changes, and temperature changes and increased her function and allowed her to perform a home exercise program. The duration of pain relief following previous lumbar sympathetic block was not specified in the records provided. The reduction in use of pain medication following previous lumbar sympathetic block was not specified in the records provided. Any operative note/ procedure were not specified in the records provided. Significant evidence of CRPS-I or II supported by diagnostic or radiological reports is not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Therefore, this request for left lower extremity lumbar sympathetic block with MAC anesthesia is not medically necessary.