

Case Number:	CM15-0122283		
Date Assigned:	07/06/2015	Date of Injury:	11/29/2010
Decision Date:	09/09/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/24/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 is a 51 year old female, who sustained an industrial injury on 11-29-10. She has reported initial complaints of a right foot and ankle injury after falling from a ladder. The diagnoses have included lumbar radiculopathy, lumbar degenerative disc disease (DDD), lumbar facet arthropathy, myofascial pain syndrome, pain in limb and Reflex sympathetic dystrophy syndrome of the right lower extremity (RLE). Treatment to date has included medications, activity modifications, injections, right foot surgery September 2012, transcutaneous electrical nerve stimulation (TENS), physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 4-27-15, the injured worker complains of little pain to the right foot. The physical exam reveals that the lumbar spine shows that there is pain across the low back on extension along the facets. The forward flexion is 110 degrees, hyperextension is 10 degrees and there is sciatic notch tenderness present bilaterally. There is increased pain with palpation in the dorsal aspect of the right foot and thigh. The current medications included Norco, Gabapentin and compounded analgesic cream. There is no recent diagnostic reports noted and there is no previous therapy sessions noted. The physician requested treatment included Right Lumbar Sympathetic Block times three.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Sympathetic Block x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 101-104.

Decision rationale: The MTUS Guidelines states in regard to lumbar sympathetic blocks that there is limited evidence to support this procedure, with most studies reported being case studies. It is indicated for CRPS when accompanied by physical therapy. For repeat injections, guidelines require 50% reduction in pain for a sustained period with documentation of pain medication reduction, improved function and/or return to work. In this case, the relief documented was not reported to be sustained and there were no reductions of medication use or significant functional changes. Therefore, this request is deemed not medically necessary or appropriate.