

Case Number:	CM15-0127329		
Date Assigned:	07/14/2015	Date of Injury:	09/02/2013
Decision Date:	08/10/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 50 year old male, who sustained an industrial injury on September 2, 2013, incurring traumatic crush injuries to the right leg. In September, 2014, the injured worker underwent a right above the knee amputation. In December, 2014, the injured worker received a new prosthetic with a knee joint. In February, 2015, he underwent a right femur osteotomy, open reduction internal fixation of the right femur and osteoplasty of the right femur. Treatment included pain medications, neuropathic medications, and topical analgesic cream, anti-inflammatory drugs, lumbar sympathetic blocks and work restrictions. Currently, the injured worker complained of lower back pain and right lower extremity pain. He was diagnosed with phantom pain. The treatment plan that was requested for authorization included lumbar sympathetic blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic blocks x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 36. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, CRPS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 57, 104.

Decision rationale: According to MTUS guidelines, "Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects." According to MTUS guidelines, lumbar sympathetic block recommended as indicated below useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement should be followed by intensive physical therapy. (Colorado, 2002) The records do not indicate that the requested blocks would be used in adjunct with physical therapy. Therefore, the request for Lumbar sympathetic blocks x 3 is not medically necessary.