

Case Number:	CM15-0173733		
Date Assigned:	09/15/2015	Date of Injury:	01/19/2012
Decision Date:	10/23/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/03/2015

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

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:

This is a 56-year-old female worker who was injured on 1-19-2012. The medical records reviewed indicated the injured worker (IW) was treated for status post right total knee replacement with arthrofibrosis; diffuse atrophy, right knee; complex regional pain syndrome, right lower extremity; and degenerative or herniated lumbar disc. The progress notes (8-18-15) indicated the IW had ongoing low back pain and moderate bilateral leg sciatic pain rated 6 to 8 out of 10. Medications were gabapentin 300mg three times daily, Norco one to three times daily and Lidoderm 5% patches, 12 hours on and 12 hours off. On physical examination (8-18-15) lumbar extension was 20 degrees. Motor strength was +4 out of 5 throughout the lower extremities in ankle dorsiflexion, plantar flexion and eversion. Right knee extension was -3 degrees, flexion was 95 degrees and extension strength was +4 out of 5. Range of motion and strength was otherwise normal in the lower extremities. Treatments included medications, physical therapy, home exercise and neuromuscular stimulator. Per the provider's notes (7-21-15), the IW was temporarily partially disabled. A recent evaluation (7-28-15) stated the IW had received a diagnostic right lumbar sympathetic block on 3-18-2015, with 60% relief and increased functionality. She reported increased pain with walking, sitting, bending, lifting and rising from a chair. Rest, ice and heat were palliative. A Request for Authorization was received for right lumbar sympathetic blocks, 3 to 6 blocks and Lidoderm 5%, #30. The Utilization Review on 8-21-15 modified the request for right lumbar sympathetic blocks to allow one block, as documentation of the efficacy of each block is required; Lidoderm 5%, #30 was non-certified, as the IW reported poor response to the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Sympathetic Block, 3-6 Blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2015, Pain, CRPS, sympathetic blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under CRPS, sympathetic blocks (therapeutic).

Decision rationale: The patient presents on 07/28/15 with bilateral knee pain rated 7/10. The patient's date of injury is 01/19/12. Patient is status post right total knee replacement at a date unspecified. The request is for RIGHT LUMBAR SYMPATHETIC BLOCK, 3-6 BLOCKS. The RFA IS DATED 07/28/15. Physical examination dated 07/28/15 reveals medial soft tissue tenderness in the right knee, and positive patellar compression test on the right. The patient is currently prescribed Gabapentin and Lidoderm patches. Patient's current work status is not provided. MTUS Guidelines, CRPS, sympathetic and epidural blocks Section, pages 39-40 has the following "Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade." "Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; Poor coping skills; Litigation." MTUS p103-104 also states: "Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies." Official Disability Guidelines, Pain chapter, under CRPS, sympathetic blocks (therapeutic) has the following: Recommend local anesthetic sympathetic blocks for limited, select cases, as indicated below. Recommendations (based on consensus guidelines) for use of sympathetic blocks (diagnostic block recommendations are included here, as well as in CRPS, diagnostic tests): Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. In the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks. These blocks are generally given in fairly quick succession in the first two weeks of treatment with tapering to once a week. Continuing treatment longer than 2 to 3 weeks is unusual. In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased

tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/occupational therapy. Sympathetic blocks are not a stand-alone treatment. There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase. Per RFA dated 07/28/15, the provider is requesting a series of 3-6 blocks for this patient's complex regional pain syndrome in the right lower extremity. Per progress note 07/28/15, the provider states: "She underwent a diagnostic right lumbar sympathetic block on 03/18/15 she reported greater than 60% relief of pain as well as a feeling of warmth and increased functionality. This response to the sympathetic block has confirmed she does in fact suffer from Complex Regional Pain Syndrome. Thank you for authorizing a second lumbar sympathetic block." It is also indicated that this patient has been approved for a series of 4 concomitant physical therapy sessions. In this case, the efficacy of prior sympathetic blocks has been substantiated and additional blocks appear to be warranted. However, the provider has requested up to 6 blocks without establishing the efficacy of continued blocks beyond the two already authorized. Were the request for one block (bringing the total to three), with additional blocks (up to 6) being contingent upon demonstrated benefits, the recommendation would be for approval. However, the current open-ended request for 3-6 blocks without establishing the efficacy of each individual treatment in succession cannot be substantiated. The request IS NOT medically necessary.

Lidoderm 5% 1 every 12 on/ off 12 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The patient presents on 07/28/15 with bilateral knee pain rated 7/10. The patient's date of injury is 01/19/12. Patient is status post right total knee replacement at a date unspecified. The request is for RIGHT LUMBAR SYMPATHETIC BLOCK, 3-6 BLOCKS. The RFA IS DATED 07/31/15. Physical examination dated 07/28/15 reveals medial soft tissue tenderness in the right knee, and positive patellar compression test on the right. The patient is currently prescribed Gabapentin and Lidoderm patches. Patient's current work status is not provided. MTUS Guidelines, Lidoderm (Lidocaine patch) section, page 56-57 states: "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). MTUS Topical analgesics section, page 112 also states: Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." In regard to the request for Lidoderm patches for this patient's complex regional pain syndrome, this medication is not supported for this patient's chief complaint. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with complex regional pain syndrome in the right lower extremity, not a localized neuropathic pain amenable to topical Lidocaine. Without evidence that the requested patches are being utilized for a localized neuropathic pain complaint, continuation cannot be substantiated. Therefore, the request IS NOT medically necessary.