

Case Number:	CM15-0064222		
Date Assigned:	04/10/2015	Date of Injury:	05/23/1995
Decision Date:	05/14/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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:

This 51 year old female sustained an industrial injury on 5/23/95. She subsequently reported right leg pain. Diagnoses include chronic left knee pain secondary to compensable consequence to right knee. Treatments to date have included injections and prescription pain medications. The injured worker continues to experience upper, lower back pain, left knee pain and right leg pain. She is status post right lumbar sympathetic block in February 2014 and February 2015. The medical records indicate improvement in function with the blocks such as being able to walk the dog and perform chores. The medical records also note that subsequent to the lumbar blocks, the injured worker was able to decrease the dosage of Opana. A request for Repeat lumbar plexus block was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar plexus block: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block Page(s): 57.

Decision rationale: According to the MTUS guidelines, lumbar sympathetic block is 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 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. In this case, the injured worker is diagnosed with CRPS and has undergone previous lumbar plexus blocks with documented improvement in function and decrease in medication dosage following the prior blocks. The request for repeat lumbar plexus is supported. The request for repeat lumbar plexus block is medically necessary and appropriate.