

Case Number:	CM15-0066698		
Date Assigned:	04/14/2015	Date of Injury:	03/21/2012
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/08/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 44 year old female, who sustained an industrial injury on March 21, 2012. Treatment to date has included H-wave electrotherapy, medications, distal tibia/ankle surgery, and orthotics. Currently, the injured worker complains of left foot pain. She describes the pain as being located in the entire foot and the pain is aggravated by any movement. The pain is relieved by medication. Objective findings include an antalgic gait, no tenderness of the left foot, normal strength and tone and no instability. She had normal sensation and normal coordination in the left foot. Diagnoses associated with the request included posterior tibialis muscle dysfunction, CRPS left lower extremity, anxiety and insomnia. Her treatment plan includes an increase in her dosage of Lyrica, Hyslinga, and lumbar sympathetic block. The medications listed are Lyrica, Celebrex, Flector patch and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 lumbar sympathetic blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 57, 104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Low extremity.

Decision rationale: The CA MTUS and the ODG recommend that interventional pain procedures can be utilized for the treatment of exacerbation of musculoskeletal pain when conservative treatments with medications and PT have failed. The records did not show significant subjective or objective findings indicating that conservative treatments have failed. There was no objective finding of exacerbation of CRPS that would require treatment with lumbar sympathetic blocks. The criteria for 3 lumbar sympathetic blocks was not met. Therefore, the requested treatment is not medically necessary.