

Case Number:	CM15-0070980		
Date Assigned:	04/20/2015	Date of Injury:	07/16/2013
Decision Date:	05/19/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/14/2015

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:

The injured worker is a 42 year old female who sustained an industrial injury on 7/16/13. The injured worker reported symptoms in the right foot. The injured worker was diagnosed as having complex regional pain syndrome right foot. Treatments to date have included physical therapy, oral pain medication, nerve block, and occupational therapy. Currently, the injured worker complains of pain in the right foot. The plan of care was for nerve blocks, occupational therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic nerve blocks Qty: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic blocks Page(s): 57, 104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), page 104. Decision based on Non-MTUS Citation ODG, Regional sympathetic blocks

(stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), pages 831-832.

Decision rationale: Submitted reports have not adequately demonstrated specific neuropathic symptoms and clinical findings. Clinical exams have not identified specific neurological findings. The patient has undergone previous nerve blocks; however, no specific functional gains in ADLs, decrease in medication, utilization of care or evidence of concurrent therapy as part of functional restoration approach was demonstrated. There is also no report of failed conservative trial of therapy or medication documented. Per guidelines, these regional sympathetic blocks are generally limited to diagnosis of CRPS without recommendation for therapeutic criteria as there is limited evidence to support this procedure given the lack of evidenced-based studies indicating efficacy and improved functional outcome. The Lumbar sympathetic nerve blocks Qty: 3.00 is not medically necessary and appropriate.

Occupational therapy Qty: 18.00: Upheld

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 Therapy, pages 98-99.

Decision rationale: Occupational therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified occupational therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of occupational therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal OT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further occupational therapy when prior treatment rendered has not resulted in any functional benefit. The Occupational therapy Qty: 18.00 is not medically necessary and appropriate.