

Case Number:	CM15-0072088		
Date Assigned:	04/22/2015	Date of Injury:	11/04/2012
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/15/2015

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, 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:

The injured worker is a 51-year-old female, who sustained an industrial injury on 11/4/12. She reported left foot pain. The injured worker was diagnosed as having reflex sympathetic dystrophy of lower limb, neuropathy in other disease and pain in joint of ankle and foot. Treatment to date has included medications, physical therapy, home exercise program and injections. Currently, on 3/6/15 the injured worker complains of swelling of left foot with pain 7- 8/10, moderate to severe pain from entire left ankle down with burning sensation rated 7- 8/10 during ambulation and lower back pain near hip. Physical exam noted antalgic gait with a left sided heel strike, tenderness to palpation over the heel, mid-foot and tarsal tunnel and restricted range of motion of left ankle with tenderness over the heel and plantar fascia. Treatment plan included pain medications (amitriptyline, zanaflex/tramadol, palexia/tapentadol and ketamine), peripheral nerve blocks, sympathetic blocks, physiotherapy/occupational therapy and spinal cord stimulation. A request for authorization was submitted for pulsed radiofrequency lumbar sympathetic chain under fluoroscopy. The patient's surgical history includes foot and right knee surgery. The patient has had lumbar sympathetic block on 2/4, 2/27 and 3/4 in 2015 with 50% pain relief. The medication list includes Norco and Cymbalta. The patient had received cortisone injection in heel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulsed Radiofrequency Lumbar Lesioning of the Sympathetic Chain under Fluoroscopy:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pulsed radiofrequency treatment (PRF).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 57 Lumbar sympathetic block Page 104 Lumbar Sympathetic Blocks ODG: Pain (updated 04/30/15) CRPS, sympathectomy.

Decision rationale: Request: Pulsed Radiofrequency Lumbar Lesioning of the Sympathetic Chain under Fluoroscopy. Per the CA MTUS guidelines cited below, regarding lumbar sympathetic block "There is limited evidence to support this procedure, with most studies reported being case studies." Per the cited guidelines lumbar sympathetic block is "Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II." In addition As per cited guideline, "CRPS, sympathectomy: Not recommended. The practice of surgical, chemical and radiofrequency sympathectomy is based on poor quality evidence, uncontrolled studies and personal experience. Furthermore, complications of the procedure may be significant, in terms of both worsening the pain and producing a new pain syndrome; and abnormal forms of sweating (compensatory hyperhidrosis and pathological gustatory sweating). Therefore, more clinical trials of sympathectomy are required to establish the overall effectiveness and potential risks of this procedure." Recent detailed clinical evaluation note of treating physician was not specified in the records. A detailed physical examination of the low back was not specified in the records provided. Per the records provided, patient has had PT and chiropractic visits for this injury. Previous conservative therapy note and response to these therapies is not specified in the records provided. The patient has had lumbar sympathetic block on 2/4, 2/27 and 3/4 in 2015 with 50% pain relief. The duration of pain relief following previous lumbar sympathetic block was not specified in the records provided. The reduction in use of pain medication following previous lumbar sympathetic block was not specified in the records provided. Significant evidence of CRPS-I or II supported by diagnostic or radiological reports is not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Pulsed Radiofrequency Lumbar Lesioning of the Sympathetic Chain under Fluoroscopy is not fully established in this patient.