

Case Number:	CM15-0073224		
Date Assigned:	04/23/2015	Date of Injury:	06/09/2014
Decision Date:	05/20/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 37 year old female who sustained an industrial injury on 6/9/14. The injured worker reported symptoms in the left lower extremity. The injured worker was diagnosed as having ankle sprain, ankle swelling and deltoid ligament sprain of ankle. Treatments to date have included activity modification, splint, ice, rest, physical therapy, and walker cast boot. Currently, the injured worker complains of left ankle pain. The plan of care was for a left lumbar sympathetic block injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Sympathetic Block Injection (under fluoroscopy guidance): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Lumbar sympathetic block.

Decision rationale: Left Lumbar Sympathetic Block Injection (under fluoroscopy guidance) is not medically necessary per the MTUS and the ODG Guidelines. The MTUS and the ODG state that these blocks are 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. The documentation does not reveal clear findings that this patient's symptoms are sympathetically mediated therefore this request is not medically necessary.