

Case Number:	CM15-0076077		
Date Assigned:	05/29/2015	Date of Injury:	08/20/1991
Decision Date:	06/25/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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: Arizona, 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 (IW) is a 52 year old male who sustained an industrial injury on 08/20/1991. The initial report of injury is not included in the medical records provided. According to a report of 05/30/2013, the worker had an injury affecting the back and was found in 1993 to be permanent and stationary with an injury that precluded him from heavy lifting, repeated bending and stooping and recommended a provision for future care of the back with an anticipation of conservative treatment. Ongoing care has consisted primarily of medications, surgical repair of a ventral hernia, injections, and monitoring. Currently the worker complains of back pain and left lower extremity pain that intensifies with walking. He has reported nausea for greater than one year, at times with headaches. On exam, the worker had tenderness to palpation in the mid-lower back and decreased lumbar range of motion. The injured worker was diagnosed as having a complex neuropsychiatric disturbance, and chronic regional pain syndrome with lower extremity issues and a flare of abdominal pain. The treatment plan for ongoing care consists of requests for Bilateral T12 celiac plexus and L2 lumbar paravertebral sympathetic blocks, Levo dromoran 2 mg, ninety count, and Nexium 40 mg, ninety count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levo dromoran 2 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 92.

Decision rationale: According to the guidelines, opioids are not indicated for mechanical or compressive etiologies. In this case, the claimant had been on Norco, Butrans and Nycynta for several months with inadequate pain control. NO one opioid is superior to another. Long-term use of opioids has not been studied. Pain scores were not routinely recorded. The Levo dromoran is not medically necessary.

Bilateral T12 celiac plexus and L2 lumbar paravertebral sympathetic blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic Blocks Page(s): 24.

Decision rationale: According to the guidelines, sympathetic blocks in conjunction with Bretium are recommended in those with CRPS. Although, the claimant does have CRPS, the use of Bretium was not noted. In addition, there is no indication for a celiac plexus block for this claimant. As a result, the request above is not medically necessary.