MAXIMUS Federal Services

Case Number:	CM15-0078347		
Date Assigned:	04/29/2015	Date of Injury:	07/22/2014
Decision Date:	05/28/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on July 22, 2014. The injured worker reported left ankle pain due to fall. The injured worker was diagnosed as having left ankle fracture, insomnia and reflex sympathetic dystrophy of lower limb. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), X-rays, physical therapy, ankle boot, ice, heat, injections and medication. A progress note dated February 19, 2015 provides the injured worker complains of back pain radiating down leg and left ankle pain. He reports insomnia due to pain rated 6/10. Physical exam notes abnormal gait, boot on left foot/ankle, lumbar spasm and decreased range of motion (ROM). The plan includes lumbar sympathetic block, medication and exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar sympathetic block, monitored anesthesia care, epidurography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Blocks Page(s): 114.

Decision rationale: There is limited evidence to support this procedure, with most studies reported being case studies. Proposed indications include circulatory insufficiency of the leg, pain (Herpes Zoster; Post-herpetic neuralgia; Frostbite; CRPS; Phantom pain). These blocks can be used diagnostically and therapeutically, and sympathetic therapy should be accompanied by aggressive physical therapy to optimize success. There are potentially serious complications with the procedure and given the lack of evidence to support the modality overall, detailed case-by-case reasoning should be outlined by requesting providers. In this case the provided documents indicate a prior block with subjective relief, but the duration of relief was not clearly described in the documents and therefore it is unclear as to whether or not further similar treatment is appropriate. Therefore given the lack of support of the procedure per the guidelines and the need for further details to clarify the request, the current request cannot be considered medically necessary.