

Case Number:	CM15-0091082		
Date Assigned:	05/15/2015	Date of Injury:	09/18/2006
Decision Date:	06/23/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/12/2015

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 64 year old female patient who sustained an industrial injury on 09/18/2006. The accident is described as the patient was struck on her left side by a running child during work. An operative report dated 12/17/2014 reported the patient having undergone administration of a right stellate Ganglion block under fluoroscopy treating right upper extremity pain. A primary treating office visit dated 12/30/2014 reported chief complaint of right hand and forearm pain. Conservative treatment to include: medications, epidural injections, lumbar blocks, modified work duty. Of note, she reported obtaining greater than 50% pain relief and functional improvement with decreased medication and greater than 6 weeks relief from sympathetic block administered on 09/11/2014. She has subjective complaint of the same right hand and right forearm and left lower extremity pains with no change since last visit. Current medications are: Fentanyl 12mcg patches, Norco 10/325mg, Klonopin, and Cymbalta. She has a known history for headache, depression and anxiety. Objective findings showed the right upper extremity with erythema, hyperalgesia, and allodynia. The current urine drug screen noted with negative findings for Fentanyl due to her inability to obtain medication. The assessment noted the patient status post spinal cord stimulator placed pain in joint, ankle/foot, lower leg, pelvic region and thigh, hand, forearm, upper arm, shoulder region and reflex sympathetic dystrophy of both the upper/lower limbs. The plan of care noted the patient continuing with physical therapy, psychological visits, medications, and pending authorization for in home assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar sympathetic block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and epidural blocks Page(s): 39-40.

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 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. The sympathetic blocks play a limited role primarily for diagnosis of sympathetically mediated pain as an adjunct to facilitate physical therapy. Per guidelines, these regional sympathetic blocks are generally not recommended 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 Right lumbar sympathetic block is not medically necessary and appropriate.