

Case Number:	CM15-0091471		
Date Assigned:	05/15/2015	Date of Injury:	09/24/2011
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
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: 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 is a 42 year old female, who sustained an industrial injury on 9/24/2011. Diagnoses include Reflex sympathetic dystrophy of lower limb. Treatment to date has included diagnostics, medications including hydrocodone and topical creams and trials of Gabapentin and Lyrica, psychological evaluation and peripheral nerve block. Per the Primary Treating Physician's Progress Report dated 4/06/2015, the injured worker reported increased pain from leg to thigh and hip. Physical examination revealed left foot swelling all the way up to the ankle and temperature was cooler than on the right. Hyperpathic and hyperesthetic over the right foot at lateral and bottom. The plan of care included medications, specialist referrals and injections. Authorization was requested for lumbar sympathetic block(s) with sedation fluoroscopy x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic block sedation fluoroscopy x 3 (RSD lower limb): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 37 and 39.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic Block Page(s): 24, 55. Decision based on Non-MTUS Citation ODG- low back chapter and sympathetic therapy - pg 87.

Decision rationale: According to the guidelines, a sympathetic block is recommended for CRPS with Bretylium. It is not recommended for RSD. In this case, the claimant had already received a series of injections previously indicating their short-term benefit. The request for 3 additional sympathetic blocks is not medically necessary.