

<b>Case Number:</b>	CM15-0094491		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Massachusetts

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

### 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 36-year-old female who sustained an industrial injury on 11/18/2011. Mechanism of injury occurred when stepping back while giving a child an immunization injections, was kicked, and subsequently stepping on a wheel of a stroller resulting in her left ankle rolling. Diagnoses include chronic ankle sprain with subjective symptom of reflex sympathetic dystrophy. In addition there are diagnoses of anxiety, depression, left lower extremity complex injury and pain syndrome, second to fourth tars metatarsal zone arthritis by imaging studies, painful gait with compensatory of the lumbar spine, strain injury, morbid obesity, and panic disorder. Treatment to date has included diagnostic studies, medications, ankle brace, walking boot, acupuncture, physical therapy, Transcutaneous Electrical Nerve Stimulation unit, and shockwave therapy. Current medications include Ibuprofen, Gralise, Wellbutrin, Xanax, Prosom, and Lidocaine patches. A physician progress note dated 04/22/2015 documents the injured worker has swelling around the ankle and foot of the right lower extremity. Compartments are soft. Sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The treatment plan is for 1 trial of a sympathetic block and it was believed that it would be relieved. Treatment requested is for Sympathetic Block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sympathetic Block:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, CRPS, sympathetic blocks.

**Decision rationale:** The claimant sustained a work injury in November 2011 and continues to be treated left ankle and foot pain in the low back pain. When seen, she was having intermittent left ankle and foot discoloration with temperature changes, swelling, hyperhidrosis, and tenderness. Pain was rated at 8/10. She had increased symptoms with weight bearing and had an uneven, antalgic gait. Physical examination findings included an BMI of over 47. Findings were consistent with left lower extremity CRPS. Authorization for a lumbar sympathetic block was requested. ODG addresses the role of lumbar sympathetic blocks. Requirements include fulfilling the Budapest (Harden) criteria for this diagnosis which include reporting at least one symptom in three of the four following categories: sensory hyperesthesia and/or allodynia), vasomotor (temperature asymmetry and/or skin color changes and/or skin color asymmetry), sudomotor/edema (edema and/or sweating changes and/or sweating asymmetry), and motor/trophic (decreased range of motion and/or motor dysfunction, i.e. weakness, tremor, or dystonia and/or trophic changes, i.e. hair, nail, or skin. In this case, the claimant reports only nail changes and therefore the criteria are not met. Additionally, blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. In this case, the claimant's condition fulfills the above criteria. The requesting provider referencing continuation of exercises and desensitization following the procedure. The request is therefore medically necessary.