

Case Number:	CM15-0094654		
Date Assigned:	05/20/2015	Date of Injury:	10/25/2012
Decision Date:	07/01/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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: Internal 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 45 year old female, who sustained an industrial injury on December 25, 2012. She reported a right lower extremity injury. The injured worker was diagnosed as having reflex sympathetic dystrophy of the lower extremity and closed fracture of calcaneus and depressive disorder. Diagnostic studies to date have included an MRI, x-rays, a nuclear medicine bone scan, and electrodiagnostic studies. Treatment to date has included physical therapy, a home exercise program, chiropractic therapy, orthotics, lumbar sympathetic blocks, psychotherapy, and medications including topical pain, antidepressant, anti-epilepsy, and non-steroidal anti-inflammatory. On April 22, 2015, the injured worker complains of right foot burning, swelling, and weakness. She complains of right ankle and foot joint pain. She reports having difficulty using her orthotics due to discomfort. The physical exam revealed residual signs of dystrophy around the right foot and ankle. The treatment plan includes a right lumbar sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar sympathetic block Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page 103-104.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that regarding lumbar sympathetic blocks, there is limited evidence to support this procedure. The progress report dated 4/22/15 documented that the patient has a history of complex regional pain syndrome (CRPS) of the right lower extremity. A repeat lumbar sympathetic nerve block was requested. The progress report notes that the patient has responded favorably to these in her past history. The dates of past lumbar sympathetic nerve blocks were not documented. Sustained relief was not documented. Evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) was not documented. Functional improvement with past lumbar sympathetic nerve blocks was not documented. The 4/22/15 progress report does not establish the medical necessity of a repeat lumbar sympathetic nerve block. MTUS indicates that there is limited evidence to support lumbar sympathetic blocks. Therefore, the request for a repeat right lumbar sympathetic nerve block is not medically necessary.