

Case Number:	CM15-0099213		
Date Assigned:	06/01/2015	Date of Injury:	01/16/2012
Decision Date:	07/08/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/22/2015

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 (IW) is a 38-year-old female who sustained an industrial injury on 01/16/2012. She reported pain in the left foot. The injured worker was diagnosed as having reflex sympathetic dystrophy of the lower limb, long-term use of medications not elsewhere classified, and limb pain. The foot was treated conservatively until 05/2014 at which time surgery was performed and the pain has now increased in severity. Treatment to date has included steroid injections, physical therapy and pain clinic treatments. Currently, the injured worker complains of left foot pain that has increased in severity over the last month. The pain is located in the left foot and extends to involve the anterior aspect of the distal segment of the left foot. It is described as pulsing, throbbing, sore, aching, penetrating, shooting, tender, tight, numb, stabbing, sharp, cramping, tingling, intense, and unbearable with a severity on the average of 7/10. Improving factors include non-weight bearing. Aggravating factors include weight bearing, standing and walking. On exam, the left foot has edema, allodynia of the dorsal surface of the foot, and atrophic changes. The distal segment of the left lower extremity also has cyanosis. The plan of care includes refills of the workers medications and scheduling a left lumbar paravertebral sympathetic block with IV sedation. A request for authorization is made for a left lumbar paravertebral sympathetic block with IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Paravertebral Sympathetic Block with IV Sedation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 39-40, 103-104.

Decision rationale: The patient was injured on 01/16/12 and presents with left foot pain which radiates to the anterior aspect distal segment of the left lower extremity. The request is for a **LEFT LUMBAR PARAVERTEBRAL SYMPATHETIC BLOCK WITH IV SEDATION** to identify and possibly treat a sympathetically maintained pain component of complex regional pains syndrome. The utilization review denial rationale is that while it is noted that the patient does have objective evidence of pseudomotor changes, positive vasomotor changes, positive sensory changes, and positive muscular atrophic changes, consistent with CRPS of the lower extremity, there is no indication that this patient will actively participate in intensive physical therapy following the procedure. There is no RFA provided and the patient is on disability status. There is no indication of any prior lumbar paravertebral sympathetic blocks the patient may have had. MTUS, page 39-40 states: "CRPS, sympathetic and epidural blocks. Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade." "Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; Poor coping skills; Litigation." MTUS page 103-104 also states: "Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies." The patient is diagnosed with reflex sympathetic dystrophy of the lower limb, CRPS of the lower extremity, long-term use of medications not elsewhere classified, and limb pain. The 04/07/15 report indicates that the treater's reason for the request is to identify and possibly treat a sympathetically maintained pain component of complex regional pains syndrome. Patient's diagnosis includes CRPS of the lower extremity. MTUS supports lumbar sympathetic injections for CRPS. The request appears to be reasonable and therefore, it IS medically necessary.