MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/13/2013

Employee:	
Claim Number:	
Date of UR Decision:	8/7/2013
Date of Injury:	7/5/2012
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011134

1) MAXIMUS Federal Services, Inc. has determined the request for **1 lumbar sympathetic block, media branch nerves inj-lumb is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for **1 lumbar sympathetic block, media branch nerves inj-lumb** is not **medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:
The claimant is a 28 year old female presenting with left foot pain following a work related injury on 7/5/2012 when she fell and sustained a fracture of the left second metatarsal head. The pain is described as persistent, burning and associated with faster, coarser hair growth on the left lower extremity. The physical exam was significant for diffuse tenderness on the plantar aspect, pain with range of motion of the second MTP joint, second metatarsal head and second intermetatarsal space, hyperesthesia, and mild allodynia over the top of the left foot. There was pain with medial to lateral squeeze, second toe in rectus position; stable Lachman test; excess pronation in stance and mildly antalgic gait controlled by orthotic. The claimant was treated with left foot ORIF and orthotics. The provider recommended one lumbar sympathetic block, medial branch nerves inj lumbar.

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - X Claims Administrator
  - ☐ Employee/Employee Representative
  - ☐ Provider

1) **Regarding the request for 1 lumbar sympathetic block, media branch nerves inj-lumb:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the CA MTUS Chronic Pain Medical Guidelines, pps 55-58.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Regional Sympathetic Block, page 103 which is part of MTUS, and in additiona cited Chaturvedi, A. et al. Sympathetic blockade for the relief of chronic pain *Journal of Indian Medical Association*, 2001; 12: 698-703 which is not part of MTUS.

Rationale for the Decision:
Per CA MTUS, "there is limited evidence to support this procedure, with most studies reported being case studies…*Proposed Indications:* Circulatory insufficiency of the leg: (Arteriosclerotic disease; Claudication: Rest pain; Ischemic ulcers; Diabetic gangrene; Pain following arterial embolus). Pain: Herpes Zoster; Post-herpetic neuralgia; Frostbite; CRPS; Phantom pain. These blocks can be used diagnostically and therapeutically. *Adjunct therapy:* sympathetic therapy should be accompanied by aggressive physical therapy to optimize success." Chaturvedi et al. (Journal of Indian Medical Association, 2001) reported in a systematic review article that lumbar sympathetic block is indicated for diagnosis, prognosis and therapy for painful and other conditions associated with sympathetic dysfunctions like complex regional pain syndrome I and II, herpes zoster, amputation stump pain and inoperable peripheral vascular vasospastic diseases of the lower limb. The medical records provided for review do not clearly indicate that the employee has any of these diagnoses. If CRPS is a differential, there were no signs of swelling, color change or temperature changes in addition to the mild hyperesthesia and allodynia. It was not stated that the lumbar sympathetic block would serve as a diagnostic or therapeutic procedure or that it would be combined with aggressive physical therapy for optimization. **The request for 1 lumbar sympathetic block, media branch nerves inj-lumb** is not **medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/cmol

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.