
Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

IMR Case Number:	CM13-0006056	Date of Injury:	05/16/1999
Claims Number:	██████████	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	10/29/2013
Employee Name:	██		
Provider Name:	██		
Treatment(s) in Dispute Listed on IMR Application:	LT lumbar sympathetic block times 1		

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, ██████████

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, and is licensed to practice in Pennsylvania. 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 physician 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/services.

DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 05/16/1999. The primary treating diagnosis is osteoarthritis of the lower leg. The patient is a 54-year-old woman who has additionally been diagnosed with complex regional pain syndrome of the lower extremity. Physical examination findings have demonstrated an antalgic gait with tenderness and decreased sensation in the lower extremities.

An initial physician reviewer noted that although the patient had diminished sensation in the lower extremity, there was limited documentation of signs and symptoms of complex regional pain syndrome in the lumbar spine or lower extremity and that treatment guidelines therefore did not support indication for a sympathetic block.

A treating physician note of 05/20/2013 notes a complex clinical situation including knee enthesopathy and peripheral neuropathy. The patient's knee was noted to be inflamed at that time, and the patient was tolerating medications. A Lidoderm Patch was planned for knee pain during flares of symptoms. The treating physician discussed the possibility of increasing a Butrans Patch versus a lumbar sympathetic block to address the pain in the patient's lower extremity.

IMR DECISION(S) AND RATIONALE(S)

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

1. LT lumbar sympathetic block times 1 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section on Complex Regional Pain Syndrome/Sympathetic Block, page 39, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines, section on CRPS, page 39, states, *“Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy.”* The medical records indicate that this is a notably chronic case with multiple diagnoses including enthesopathy of the knee with active inflammation as well as peripheral neuropathy. It is not possible to diagnosis sympathetically mediated pain given these concurrent conditions at this time, as complex regional pain syndrome is a diagnosis of exclusion and particularly could not be made during the time of active inflammation. Moreover, the medical records do not clearly document allodynia or vasomotor findings suggestive of complex regional pain syndrome. For this reason, the request for a sympathetic block is not supported by the treatment guidelines. This treatment is not medically necessary.

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.

[REDACTED]

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