

Case Number:	CM13-0008397		
Date Assigned:	12/27/2013	Date of Injury:	06/10/1999
Decision Date:	04/03/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/07/2013

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 Physical Medicine and Rehabilitation and Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63-year-old female with date of injury 6/10/99. The treating physician report dated 6/24/13 indicates the patient has diagnosis of: 1. Severe complex regional pain syndrome right lower extremity. 2. Depression and insomnia. 3. Dyspepsia. The utilization review report dated 7/10/13 denied the request for a neurology evaluation of the right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NEUROLOGY EVALUATION FOR THE RIGHT LEG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The patient presents with chronic right knee pain with severe hypersensitivity and a new symptom of numbness in the right great toe and foot. The treating physician states that patient has severe complex regional pain syndrome of the right lower extremity. The patient has documented disuse atrophy in the right thigh and calf, decreased reflexes at 1+ of the knees and ankles and sensory loss to light touch and pinprick over the dorsum of the right foot. The request is for authorization of a neurology evaluation regarding the persisting numbness in the right great toe and foot. The ACOEM guidelines on page 127 state

that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The current treated feels that additional expertise may be required; therefore the request is medically necessary.