

Case Number:	CM13-0009402		
Date Assigned:	09/12/2013	Date of Injury:	11/03/2004
Decision Date:	01/24/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/09/2013

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 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.

CLINICAL CASE SUMMARY

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

This 47 year-old male [REDACTED] sustained an injury on 11/3/04 while employed by [REDACTED]. He has history of a non-industrial left ankle injury resulting in surgery in 1994. Per medical report from [REDACTED] dated 7/24/13, the patient has been treating for the presumed diagnosis of complex regional pain disorder (RSD) of the left lower extremity. The patient is pleased with the response from the spinal cord stimulator placement, but still has flare-ups of pain. He noted being challenged ambulating long distances due to the utilization of a single point cane and severe deformity of the left lower extremity. He wishes to entertain non-pharmacological options that will help address his pain, despite the adequacy of the SCS. Exam noted hyperalgesia, hyperesthesia, and brush mechanoallodynia diffusely along the dorsum and lateral aspect of the left foot. Treatment request included a scooter for long distance ambulation and consultation with a HELP program for a non-pharmacological standpoint for flare-ups beyond the SCS. An intrathecal spinal block with bupivacaine was authorized; however, the patient deferred from the recommended treatment. He remains total temporarily disabled. The requests were non-certified by physician reviewer on 7/31/13, citing guidelines criteria and lack of medical indication for the treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs)-Scooter Page(s): 100.

Decision rationale: Per MTUS Guidelines regarding power mobility devices such as scooters, they are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. This 47 year-old male Car Detailer sustained an injury on 11/3/04 while employed by [REDACTED]. Per report from [REDACTED] dated 7/24/13, the patient has been treating for the diagnosis of complex regional pain disorder (RSD) of the left lower extremity. The patient is pleased with the response from the spinal cord stimulator placement, but still has flare-ups of pain. The patient has been utilizing a single point cane and treatment request is for a scooter for long distance ambulation. The criteria for the power mobility device have not been met from the submitted reports. There is no documented clinical motor or neurological deficit of the upper extremities to contradict the use of the single point cane as the patient is already currently using. The prospective request for (1) scooter is not medically necessary and appropriate.

1 consultation with HELP program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Functional Restoration Programs Page(s): 30-34.

Decision rationale: Request for Functional Restoration Program evaluation (HELP Program Consultation) was non-certified on 7/31/13 noting unmet MTUS guidelines criteria for poor predictors of success for this patient who has been under psychological distress and involvement in financial disability disputes. This 47 year-old male Car Detailer sustained an injury on 11/3/04 while employed by [REDACTED]. Per report from [REDACTED] dated 7/24/13, the patient has been treating for the diagnosis of complex regional pain disorder (RSD) of the left lower extremity. The patient is pleased with the response from the spinal cord stimulator placement, but still has flare-ups of pain. Treatment request include consultation with a HELP program for a non-pharmacological standpoint for flare-ups beyond the SCS. It appears the patient has not reached maximal medical improvement as an intrathecal spinal block with bupivacaine was authorized; however, the patient deferred from the recommended treatment. He remains total temporarily disabled for this 2004 injury, now over 9 years without any goals or plan to return to any form of modified work. It is unclear why the patient requires a FRP evaluation at this time. The patient is 9 years post injury without clear neurological deficits demonstrated on clinical examinations, but only has complaints of pain flare-ups beyond the satisfactoral SCS which is not the emphasis of such a program as the purpose is to improve function, not to eliminate pain. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/

psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged symptoms and clinical presentation, without any aspiration to return to work. The prospective request for 1 consultation with the HELP program is not medically necessary and appropriate.