

Case Number:	CM13-0013220		
Date Assigned:	09/20/2013	Date of Injury:	08/13/2009
Decision Date:	01/17/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/16/2013

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 & Rehabilitation, and is licensed to practice in Oklahoma 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 40-year-old male who reported a work related injury on 08/13/2009. The patient reported injuries to his neck and low back, with reflex sympathetic dystrophy to the bilateral upper and lower extremities. The patient underwent implantation of a spinal cord stimulator in 2010. The patient has also undergone pain medication, braces/casts, physical therapy, traction, massage, exercise program, trigger point injections, psychotherapy, acupuncture, relaxation training, chiropractic treatment, and a TENS unit. The patient has also undergone umbilical and inguinal hernia repair. Recent clinical documentation stated the patient complained of lower back pain, bilateral upper and lower extremity pain, and right fascial pain. His diagnoses were listed as reflex sympathetic dystrophy of upper and lower limb, lumbago, umbilical hernia, atypical face pain, and hydrocele. The patient stated his pain was at 10/10 and when taking his medications, he had been 5/10. The patient also reported changes in hair distribution/quality changes in skin color, differences in limb temperature, difficulties with activities of daily living such as frequently dropping objects due to numbness, and pain noted upon light touch or air blowing. The patient's medications include diclofenac, Norco, tramadol, Lyrica, Cymbalta, Nexium, tizanidine, and Ambien. Physical exam revealed paler discoloration of the left hand, especially over the palmar aspect; swelling was noted distally to the bilateral lower limbs. There was crusting of the skin along the knuckles. Range of motion of the left hand continued to improve yet the patient was still unable to make a full fist. Recommendations included for the patient to apply compression stockings and/or ACE wraps on a daily basis to reduce swelling and to desensitize or modulate painful signal along the pain pathways. It was noted that the patient had lost significant functional independence resulting from chronic pain. He was motivated t

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Interdisciplinary pain rehab program for 3 weeks part day for the left upper extremity:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that the criteria for a chronic pain program include an adequate and thorough evaluation of the patient. A chronic pain program may be indicated if previous methods of treating chronic pain have been unsuccessful, the patient has a significant loss of ability to function independently, the patient is not a candidate where surgery or other treatments would be warranted, or if the patient exhibits motivation to change and negative predictors of success have been addressed. Per the clinical documentation submitted for review, the patient meets the guideline criteria for a chronic pain program. Guidelines further state that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Given the above, the request for 1 interdisciplinary pain rehab program for 3 weeks, part day, left upper extremity is medically necessary and appropriate.