

Case Number:	CM13-0024778		
Date Assigned:	11/20/2013	Date of Injury:	06/30/2009
Decision Date:	01/10/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/16/2013

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 and Rehabilitation, 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.

CLINICAL CASE SUMMARY

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

Review of the reports from 2013 shows that the diagnosis of CRPS did not pop up until 8/5/13 when pain management consultation was asked for. The diagnosis of CRPS is quite dubious in that there was no inciting event or traumatic injury to the patient's right wrist/hand or arm. MTUS provides a comprehensive discussion regarding the diagnosis of CRPS. All of the different criteria require an inciting even or a period of immobilization. In this patient, mechanism of injury is that of lifting a heavy box with injury to neck. Furthermore, a comprehensive and a very thorough examination of the right arm by [REDACTED] shows completely normal sensory findings including pain, temperature, light touch, etc. He describes swelling but this is not supported by any measurements. There was no range of motion issues of the wrist or elbow. While a series of sympathetic injections may be warranted and supported by MTUS for a diagnosis of CRPS, this patient does not satisfy the diagnostic criteria. Recommendation is for denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right stellate ganglion block between 8/13/2013 and 10/26/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympha.

Decision rationale: Review of the reports from 2013 shows that the diagnosis of CRPS did not pop up until 8/5/13 when pain management consultation was asked for. The diagnosis of CRPS is quite dubious in that there was no inciting event or traumatic injury to the patient's right wrist/hand or arm. MTUS provides a comprehensive discussion regarding the diagnosis of CRPS. All of the different criteria require an inciting even or a period of immobilization. In this patient, mechanism of injury is that of lifting a heavy box with injury to neck. Furthermore, a comprehensive and a very thorough examination of the right arm by [REDACTED] shows completely normal sensory findings including pain, temperature, light touch, etc. He describes swelling but this is not supported by any measurements. There was no range of motion issues of the wrist or elbow. While a series of sympathetic injections may be warranted and supported by MTUS for a diagnosis of CRPS, this patient does not satisfy the diagnostic criteria. Recommendation is for denial.

Thirty (30) day rental of electrical muscle stimulation unit between 8/13/2013 and 10/26/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: MTUS does not support electrical muscle stimulation other than for stroke patients. Its use is not supported for chronic pain which this patient is suffering from. The treater's report from 8/13/13 describes electronic muscle stimulator unit for exercising body muscles. This appears to be similar to Neuromuscular electrical stimulation that works to build muscle. Recommendation is for denial.