

Case Number:	CM13-0032264		
Date Assigned:	01/03/2014	Date of Injury:	05/04/2012
Decision Date:	03/28/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/07/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic left ankle pain reportedly associated with an industrial injury of May 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; three prior left ankle and heel surgery; a CAM Walker; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of September 5, 2013, the claims administrator approved a request for Neurontin while denying other request for electrodiagnostic testing of the left lower extremity, citing non-MTUS Third Edition ACOEM Guidelines, although it appears that the MTUS does address the topic. The applicant's attorney subsequently appealed. An August 26, 2013 progress note is notable for comments that the applicant likely has complex regional pain syndrome of the left foot and left lower extremity status post multiple calcaneal surgeries. The applicant has allodynia about left ankle and foot. There is skin atrophy and discoloration also appreciated about the same. The applicant has not worked since May 2012. He has been on and off pain medications, including Percocet, but has now discontinued the same. He continues to smoke. Sympathetic blocks and electrodiagnostic testing are apparently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the left lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35, 37.

Decision rationale: The Physician Reviewer's decision rationale: As noted on page 37 of the MTUS Chronic Pain Medical Treatment Guidelines, nerve damage can "be detected by EMG" in those applicants who are suspected of having chronic regional pain syndrome type 2. While page 35 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that there is no gold-standard diagnostic test for chronic regional pain syndrome. The MTUS does support the proposition that nerve damage associated with CRPS can be detected via electrodiagnostic testing. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.