

Case Number:	CM13-0033829		
Date Assigned:	12/06/2013	Date of Injury:	08/26/2011
Decision Date:	02/20/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 patient is a 38 year old injured worker with date of injury 8/26/11, and has a related significant and severe complex regional pain syndrome in his right lower extremity now characterized by requiring a wheelchair for ambulation, extraordinary levels of pain in his RLE, color changes as well as temperature changes in his RLE with spread of CRPS symptoms centrally to his right upper extremity and his left lower extremity. The patient has depression and anxiety secondary to his chronic pain. The patient has been treated with aquatic therapy, physical therapy, psychologic counseling, home exercise program, and medications. The date of UR decision was 10/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a inpatient hospital stay from 9/26/13 to 10/8/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS Page(s): 40.

Decision rationale: The MTUS is silent on inpatient hospital stays. With regard to the treatment of CRPS, the CPMTG "The goal is to improve function. Multiple pathophysiological

mechanisms are responsible including neuropathic (sympathetic and independently-maintained pain), and immunologic. (regional inflammation and altered human leukocyte antigens). Both peripheral sensitization and central sensitization have been proposed. (Ribbers, 2003) (Stanton-Hicks, 2006) There are no evidence-based treatment guidelines but several groups have begun to organize treatment algorithms." Treatment is grouped into rehabilitation, psychological treatment, and pain management. According to the Official Disability Guidelines (ODG) treatment procedure summary for causalgia of lower limb (CRPS-II), the hospital length of stay is 6 days. As this request represents an inpatient hospital stay of 13 days, it is not recommended. The retrospective request for inpatient hospital stays from 9/26/13 to 10/8/13 is not medically necessary and appropriate.