MAXIMUS Federal Services

Case Number:	CM13-0047352		
Date Assigned:	12/27/2013	Date of Injury:	01/17/2012
Decision Date:	03/06/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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 New York and Texas. 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 51-year-old female who reported an injury on 01/17/2012. The mechanism of injury was stated to be the patient was walking on ice and tripped and fell on her outstretched hand. The patient has been noted to be treated with stellate ganglion blocks as her diagnosis is noted to be reflex sympathetic dystrophy of the upper limb. The patient's right hand was noted to be shiny and visibly sweating and the patient was noted to have tenderness to palpation diffusely in the wrist and fingers. The patient was noted to have pain with attempts at gripping and the patient was noted to have a tender distal radius and ulna and was noted to be diffusely swollen. The request was made for a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with UC Davis pain management: 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): 1.

Decision rationale: California MTUS states "Upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to

reconsider the diagnosis and decide whether a specialist evaluation is necessary." The clinical documentation submitted for review indicated the patient's earliest documented CRPS in the submitted records was in 2012. The patient was noted to have multiple stellate ganglion blocks and the patient's CRPS was noted to be getting worse. The patient had seen a pain management specialist for stellate ganglion blocks; however, it was noted the current pain management physician had little knowledge of RSD. Given the above, and the documentation of exceptional factors, including the lack of knowledge of the pain management physician in the treatment of RSD, the request for a consult with [redacted] Pain Management is medically necessary.