MAXIMUS Federal Services

Case Number:	CM13-0056945		
Date Assigned:	12/30/2013	Date of Injury:	03/12/2008
Decision Date:	03/27/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient has a [redacted] and a date of injury was 3/12/08.She has had shoulder, thoracic, left arm, right knee and lumbar pain due to her injury. Her diagnoses include: Left upper extremity reflex sympathetic dystrophy; myosis pain, fibromyosis, myalgia; anxiety/depression noted to be increasing; post surgery (left shoulder subacromial decompression and debridement- 11/12/09). Treatment to date has included 3 lumbar nerve blocks which increased her pain and sciatica, Bier blocks, physical and aqua therapy, spinal cord stimulator trial, and a left glenohumeral steroid injection. She was told by an RSD expert at [redacted] that she has RSD in the left arm. A 12/24/13 Primary treating physician report indicates- The patient still complains of thoracic, left elbow, low back, right knee pain as the result of an injury. On physical examination her cervical range of motion decreased. She has normal strength and sensation in the bilateral upper extremities. There are intact reflexes in the bilateral upper extremities. The Babinski and Hoffman sign are negative. There is no clonus. The cervical paraspinals are tender to palpation. Elbow exam reveals "patient is hypersensitive and discolored." There is tenderness over the lateral epicondyle. (There is no documentation of which extremity is being tested.). The treatment plan involved continuing current opioid regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient RSD oriented integrated chronic pain management program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG,

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

Decision rationale: An inpatient RSD oriented integrated chronic pain management program is not medically necessary per the MTUS guidelines. The MTUS guidelines recommend inpatient pain rehabilitation programs as a possibly appropriate for patients who don't have the minimal functional capacity to participate effectively in an outpatient program. Additionally there is no evidence of a duration of treatment requested for the inpatient pain rehabilitation program. There is no clear reason why patient cannot participate in an outpatient chronic pain management program. The request for inpatient RSD oriented integrated chronic pain management program is not medically necessary.