

Case Number:	CM14-0176050		
Date Assigned:	10/29/2014	Date of Injury:	08/07/2012
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology 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 expert 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:

This patient is a 58-year-old female with a date of injury of 08/07/2012. The patients' diagnoses include amputation through tuft of distal phalanx-left thumb, constant moderate to severe left thumb pain with tingling numbness and weakness. The patient also reports left neck/shoulder pain radiating down the left upper extremity. The pain is rated as a 6 to 8 on a scale of 1 to 10. On 05/21/2014 additional working documented diagnoses include Allodynia and Complex Regional Pain Syndrome. EMG testing reveals evidence of a right median neuropathy across the wrist. According to the medical documentation on 04/03/2014, electrodiagnostic findings are not consistent with acute cervical radiculopathy in the C5-T1 myotomes. On 09/25/2014 the physical examination findings for the motor examination is noted to be 5 out of 5 with intact sensation in bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Pain Management specialist left extremity possible CESI report dated 10/10/14 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: This is a review for the requested left extremity CESI or Cervical Epidural Steroid Injection and pain management specialist consultation. Although epidural steroid injections are recommended as an option for treatment of radicular lumbosacral pain the MTUS Guidelines do not recommend epidural steroid injections to treat radicular cervical pain. In addition, the ACOEM states there is no proven benefit in epidural steroid injections for treatment of acute neck and upper back symptoms. At most they are of uncertain benefit according to the ACOEM Guidelines. Also, in general, radiculopathy must be clearly documented by physical examination and corroborated by imaging studies. In this case both physical examination findings diagnostic testing indicate there is no evidence of left upper extremity radiculopathy. Therefore, the above listed issue is considered NOT medically necessary.

Unspecified Treatment with Pain Management left upper extremity per report dated 10/10/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome, Physical Medicine Page(s): 35-43, 55, 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), CRPS, treatment

Decision rationale: This is a review for the requested treatment with a pain management specialist. Complex Regional Pain Syndrome or CRPS is a complex condition that requires a combination of diagnostic criteria. According to the MTUS Guidelines there is no objective gold-standard diagnostic criteria for either CRPS I or II. Some of these diagnostic criteria include the presence of an initiating noxious event followed by continuing pain, which is disproportionate to the inciting event. There are additional meaningful criteria from a variety of sources that also consider the presence of certain physical findings including vasomotor changes, trophic changes, musculoskeletal dysfunction and allodynia. There are also several possible differential diagnoses to consider in CRPS. The treatment for CRPS is equally complex and includes a hierarchy of options in which the goal is functional improvement. Some of the options include rehabilitation with an emphasis on functional improvement and both psychological treatment and pain management. According to the ODG Interdisciplinary management is recommended. MTUS Guideline recommendations include referral of the patient with intractable chronic pain to the appropriate resource. In this case, the pain management therapy appears to be challenging and not straightforward. The patient requires comprehensive interdisciplinary care beginning with treatment with a pain management specialist. For these reasons the above listed issue IS considered to be medically necessary.