MAXIMUS Federal Services

Case Number:	CM14-0041448		
Date Assigned:	06/27/2014	Date of Injury:	07/12/2010
Decision Date:	08/14/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/07/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 38 year old female with a date of injury on 7/12/2010. Diagnoses include complex regional pain syndrome, bipolar disorder, alcohol and opioid dependence, and borderline personality disorder. Subjective complaints are of severe pain in the bilateral upper and lower extremities. Patient also reports decreased energy and fatigue throughout the day. Physical exam shows depressed overall mood, obesity, and bilateral upper extremity mottling and hand hyperhidrosis. Medications include levorphanol, Wellbutrin, Lamictal, risperidone, Topamax, Cymbalta, Singulair, Allegra, and Prilosec. Other treatments have included cervical spinal cord stimulator, and T11-12 bilateral laminotomies, and spinal cord stimulator placement in 1/8/2014. The patient has experienced better pain control with the addition of the lower back spinal stimulator. Patient is also under the care of a psychiatrist. Requested is a functional comprehensive interdisciplinary rehabilitation program. Patient has not participated in a pain rehabilitation program in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four week rehabilitation program which includes the following; 20 sessions of psychological consultation with a clinical pain psychologist, 2 sessions of intense physical therapy, 20 sessions of neuro biofeedback, unlimited visits to pain management physician: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS Page(s): 40-41.

Decision rationale: CA MTUS suggests for CRPS that rehabilitation, pain management, and psychological therapy are recommended for ongoing treatment. These modalities can assist in flexibility, edema control, and improved pain coping skills and quality of life. This patient has symptoms consistent with CRPS, and recently has pain better controlled by spinal cord stimulators. Since acute pain is better controlled, the use of a multidisciplinary program would be recommended to continue to improve functionality. Therefore, the request for a rehabilitation program is consistent with guideline recommendations, and is medically necessary for this patient.