

Case Number:	CM14-0051032		
Date Assigned:	07/07/2014	Date of Injury:	02/16/2011
Decision Date:	12/30/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

The patient is a 56-year-old male with a date of injury of 02/16/2011. The listed diagnoses are: 1. Pain in limb. 2. Reflex sympathetic dystrophy of lower limb. 3. Chronic pain syndrome. 4. Encounter for long-term of other medications. 5. Dysthymic disorder. 6. Myalgia, myositis, not otherwise specified. 7. Sleep disturbance, not otherwise specified. According to progress report 03/21/2014, the patient presents with left lower extremity pain. The patient reports that his pain is typically of very severe intensity without treatment on a regular basis. The patient's current medication regimen includes amitriptyline HCL 25 mg, Etodolac 400 mg, Lidocaine 5% ointment, Dilaudid 4 mg, and Lyrica 75 mg. Examination revealed patient's gait and movements are within baseline for the level of function. The patient is neurologically intact without apparent gross deficits. This is the extent of physical examination findings. Report 02/10/2014 provides a thorough physical examination. Examination of the thoracolumbar spine revealed generalized tenderness to palpation from the L4 to S2 in the midline. Range of motion revealed flexion to 30 degrees, extension to 15 degrees, lateral bending right and left 15 degrees. Straight leg raising is 90 degrees bilaterally. It was noted the patient is status post left sural neurectomy, repair of peroneus brevis tear of the left foot on 12/05/2012. On 03/21/2014, a request was made for pool membership and a peripheral catheter with 7 days of catheter management. Utilization review denied the request on 04/01/2014. Treatment reports from 11/22/2013 through 03/21/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, LLC; Corpus Christi, TX, Ankle & Foot(Acute & Chronic), and on the Non-MTUS ACOEM <https://www.acoempracguides.org/ChronicPain>; Table 2, Summary of Recommendations, Chronic Pain Disorders

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Gym memberships

Decision rationale: This patient presents with RSD of the lower limb and chronic low back pain. The current request is for pool membership "so he can rehabilitate himself." Regarding gym memberships, ODG Guidelines only allow in cases where it documented home exercise program with periodic assessment and revision have not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, ODG does not support one type of exercise over another. The provider does not discuss why rehabilitation exercises cannot be performed at home. ODG generally does not support gym memberships as medical treatments. Recommendation is for denial.

Peripheral Catheter for 7 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, LLC; Corpus Christi, TX, Ankle & Foot(Acute & Chronic), and on the Non-MTUS ACOEM <https://www.acoempracguides.org/ChronicPain>; Table 2, Summary of Recommendations, Chronic Pain Disorders

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter under Injection with anesthetics and/or steroids

Decision rationale: This patient presents with RSD of the lower limb and chronic low back pain. The current request is for peripheral catheter for 7 days. According to progress report 03/21/2014, the patient "gets profound relief from the peripheral nerve blocks and is able to gain more function after each block. I would like for him to be approved for a peripheral catheter." The MTUS and ACOEM guidelines do not discuss peripheral catheter. ODG Pain Chapter under Injection with anesthetics and/or steroids states "Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." Review of the medical file indicates that the patient was administer nerve blocks with catheter placement on 12/11/13 and 12/26/13. The provider states in his 3/21/14 report that the patient has experienced "profound" relief and was able to gain more function "after each block."

Review of progress reports immediately following each block states otherwise. Report dated 12/13/13 was provided 2 days following the 12/11/13 peripheral catheter nerve block and notes that the patient continues with "very severe intensity" of pain without medications. The patient reported experiencing continued "compromised mood" due to continued pain. Report 1/2/14, which was provided following the 12/26/13 procedure states, "selective blocks in the past have worked for a short period of time but the pain always returns." In this case, recommendation cannot be made as there is lack of documentation regarding functional improvement, decrease in medications and pain relief for "sustained period," as required by ODG. Recommendation is for denial.