

Case Number:	CM14-0195293		
Date Assigned:	12/03/2014	Date of Injury:	10/22/2010
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/21/2014

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 Neuromuscular Medicine 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 54 year old male sustained industrial related cumulative trauma injuries that were reported on 10/22/2010. The results of the injury included numbness, tingling, pain and weakness in the bilateral hands. The injured worker was also noted to have glossy skin changes, mottling, and hair and nail bed changes. The injured worker was previously diagnosed with complex regional pain syndrome (CRPS). Treatment to date has included stellate ganglion block (unknown date), consultations, high dose prednisone, functional restoration program, spinal cord stimulator placement (03/2014 and 06/2014) and a right lumbar sympathetic block (unknown date). The injured worker had also received treatment through his private insurance and a podiatrist for his right lower extremity complaints and provided with orthotics, a boot, physical therapy (PT) and steroids. It was noted that the injured worker was able to return to work in 2012; however, he re-developed bilateral upper extremity pain as well as right lower extremity pain, mottling, tenderness and autonomic changes. Per the evaluation submitted (dated 10/01/2014), the injured worker reported ongoing intractable bilateral upper extremities which consisted of continuous pain, numbness and tingling in both forearms, elbows and wrist. There was also right foot and ankle pain which was described as aching and numb with swelling and cramping, and was intermittently cold and mottled. Abnormal objective findings included: nonspecific muscle guarding and tenderness in the cervical spine; positive axial head compression; decreased range of motion (ROM) in the cervical spine with bilateral lateral rotation at 60, bilateral flexion at 20, extension at 25 and flexion at 50; a well healed upper midline incision in the thoracic spine from cervical epidural electrode placement; mild diffuse muscle guarding and tenderness in the thoracic spine; and mild hyperalgesia in the right lower extremity. There were no other abnormal findings or deficits noted in the upper and lower extremities. There were no diagnostic testing

results submitted; however, it was stated that a triple-phase bone scan was completed and was consistent with CRPS. Current diagnoses include CRPS (mild). A functional restoration program (6 months) was recommended by the current primary treating physician which was not the physician who submitted the request for four week rehab program to include 20 sessions of intense PT for the bilateral upper extremities and unlimited office visits to a specific pain management specialist. Treatments in place around the time the rehab program and unlimited office visits were requested included current medications that consisted of Lyrica, nortriptyline, Celebrex, levorphanol and Voltaren gel. There were no indications that there were changes in the injured worker's pain and functional deficits. Activities of daily living were worsened as the injured worker reported difficulty with getting dressed, prolonged walking and standing, and problems with incontinence, sexual dysfunction, depression, and sleep. Work functions were unchanged as the injured worker remained temporarily totally disabled. Dependency on medical care was unchanged. On 10/24/2014, Utilization Review non-certified a prescription for four week rehab program to include 20 sessions of intense PT for the bilateral upper extremities which was requested on 10/17/2014. The four week rehab program to include 20 sessions of intense PT for the bilateral upper extremities was non-certified based on insufficient documentation of musculoskeletal deficits that could not be addressed within the context of an independent home exercise program. The CA MTUS guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of four week rehab program to include 20 sessions of intense PT for the bilateral upper extremities. On 10/24/2014, Utilization Review modified a prescription for unlimited office visits to a specific physician to approve 1 visit which was requested on 10/17/2014. The unlimited office visits was modified based on exceeding the guidelines. The ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the modification of four week rehab program to include unlimited office visits to a specific physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Interdisciplinary Functional Rehabilitation Program times 4 weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: Comprehensive Interdisciplinary Functional Rehabilitation Program times 4 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation does not indicate that an evaluation for

this program was performed. Additionally, the request exceeds the recommended treatment period of 2 weeks at a time with demonstrated efficacy. The request for comprehensive Interdisciplinary functional rehabilitation program times 4 weeks is not medically necessary.