

Case Number:	CM14-0051145		
Date Assigned:	07/07/2014	Date of Injury:	10/06/2010
Decision Date:	04/07/2015	UR Denial Date:	03/20/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 41-year-old female, who sustained an industrial injury on October 6, 2010. She has reported while working on a fast line looking at the bottom of cans she felt a pop in her left wrist and had immediate pain. The diagnoses have included cephalgia and dizziness, left hemihypoesthesia, left arm reflex sympathetic dystrophy, left TMJ pain, pain at the left shoulder, left elbow, both wrists and right hand, emotional distress, sleep disturbance, cognitive impairment, sexual dysfunction and weight gain. Treatment to date has included Non-steroidal anti-inflammatory drug, muscle relaxants, pain medication, electromyogram and nerve conduction study, radial nerve decompression on October 7, 2011, multiple stellate blocks and some sort of cervical injection. Currently, the injured worker complains of headaches, dizziness, tinnitus, TMJ pain and left upper extremity abnormalities, radiculopathy, cognitive impairment, emotional distress and sleep disturbance. In a progress note dated January 23, 2014, the treating provider reports the neurological examination, posture and gait, spine and extremities revealed some abnormalities. On March 20, 2014 Utilization Review non-certified a vascular assessment arms arterial/venous, noting, American College of Occupational and Environmental Medicine was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascular Assessment Arms Arterial/Venous: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 35-37.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, CRPS, diagnostic tests.

Decision rationale: The patient has ongoing pain in the left distal forearm, cephalia and dizziness; left hemihypoesthesia; left TMJ pain; pain to the left shoulder, left elbow, both wrists and the right hand. The patient has been diagnosed with Complex Region Pain Syndrome (CRPS). The current request is for Vascular Assessment Arms Arterial/Venous. For the assessment of CRPS, the ODG does recommend triple-phase bone scans in select patients, and temperature measures. Laser doppler flowmetry and sudomotor measures are not recommended. NCV can be recommended to investigate nerve injury. Bone density, PET and SPECT testing are not recommended. Sympathetic blocks are recommended in a limited capacity. In this case the patient had electrodiagnostic studies on 2/7/12 which showed evidence of an active chronic left C-7 radiculopathy. Later on 3/6/12 electrodiagnostic studies showed no evidence of radiculopathy. The attending physician does not explain the rationale for requesting a vascular assessment of the arms. Vascular assessments are not recommended by the MTUS or ODG for the assessment of CRPS. Because there is no explanation for the request it therefore does not meet medical necessity. As such, the recommendation is for denial.