

<b>Case Number:</b>	CM15-0168646		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	03/12/2001
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 3-12-2001. Diagnoses include complex regional pain syndrome (CRPS) of the upper extremities secondary to radial tunnel syndrome, CRPS of the lower extremities. Treatment to date has included surgical intervention (right radial nerve release in 2001 and left radial nerve release in 2002) as well as conservative measures including medications, stellate ganglion block, Bier block, sympathetic therapy system, spinal cord stimulator, implanted intrathecal drug delivery system with Fentanyl and Bupivacaine, hyperbaric oxygen, Ketamine infusion and pain psychologist evaluation. Current medications also include Baclofen, Carbamazepine, Celebrex, Effexor, Nucynta, Levorphanol, Risperidone, Topamax and Trazodone. Per the Primary Treating Physician's Progress Report dated 3-31-2015, the injured worker presented for evaluation of her CRPS. She developed CRPS symptoms after a catheter revision in 2013 and now has neuropathic pain to the bottom of her feet. Objective findings include exquisite tenderness to any kind of touch. Exam is limited secondary to exquisite pain and guarding. Her range of motion is severely restricted secondary to atrophy and pain, and loss of function of the ulnar nerve. The plan of care included refill of medications, functional restoration program, pump evaluation, and follow-up care. On 5-01-2015, Utilization Review modified the request for functional restoration program for the bilateral upper extremities based on guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program (FRP) for the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** As per MTUS Chronic pain guidelines certain criteria should be met before recommendation to a program. However, location of requested treatment is not clear. All progress notes receive mention issues with patient's CRPS 1 of upper extremities. There is only minimal documentation concerning "CRPS-like symptoms" to bilateral lower extremities. There is no documentation of loss of function or deficits due to lower extremity issues. Utilization Review changed request to bilateral upper extremity. Due to lack of documentation, patient does not meet criteria for FRP for bilateral lower extremities. Therefore the request is not medically necessary.