

Case Number:	CM15-0183524		
Date Assigned:	09/24/2015	Date of Injury:	10/20/2011
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/17/2015

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, 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 36 year old male who sustained an industrial injury on 10-20-2011. A review of medical records indicates the injured worker is being treated for severe chronic regional pain syndrome, previous peroneal tendinitis and tendon tear resolved, and pain and inability to walk associated to the right extremity. Medical record dated 7-7-2015 noted chronic pain in the right foot. He has noted burning and tingling sensation. Physical examination noted sensory deficit associated to the foot, ankle, and leg. There was no pain on palpation. There was pain with range of motion. Treatment has included medications. Evaluation has included a MRI of the right ankle dated 5-21-2015 which revealed mild tendinosis and peritendinitis affecting the peroneus longus at the level of the peroneal sulcus of the cuboid bone. No evidence of tendon tear. Utilization review form dated 9-4-2015 noncertified bilateral epidermal fiber density test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Epidermal Fiber Density Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain.

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

Decision rationale: The patient presents with pain affecting the right lower extremity. The current request is for Bilateral Epidermal Fiber Density Test. The requesting treating physician report was not found in the documents provided for review. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding CRPS diagnostic tests: "Skin biopsy for evidence of small nerve fiber degeneration: Not recommended. Oaklander et al. have indicated this test is not promising for routine clinical analysis." In this case, the current request is not recommended by the ODG guidelines as outlined in the "Pain" chapter. Furthermore, there was no rationale by the treating physician in the documents provided for review as to why the patient requires care above and beyond the ODG guidelines. The current request is not medically necessary.