

Case Number:	CM15-0203854		
Date Assigned:	10/20/2015	Date of Injury:	01/31/2013
Decision Date:	12/02/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 27 year old female, who sustained an industrial injury on 1-31-2013. The injured worker was being treated for left upper extremity, rule out entrapment neuropathy versus reflex sympathetic dystrophy, status post ulnar surgery left upper extremity, and possible complex regional pain syndrome. Treatment to date has included diagnostics, left carpal tunnel and cubital tunnel release in 8-2014, and medications. Currently (9-10-2015), the injured worker complains of continued pain in her neck, left arm, fingers, hand, shoulder, and headaches. She described the pain as shooting, sharp, and tender to touch. She reported that headaches were getting worse since her last appointment. She was unable to do much physical activity because of ongoing pain and all activities of daily living involving the left upper extremity were affected. Physical exam noted hypersensitivity in the left forearm and the left hand was slightly cooler to touch than the right. Magnetic resonance imaging of the cervical spine (8-26-2015) noted minor disc bulges at C3-4 and C5-5, which did not result in canal stenosis or neural foraminal compromise. Electromyogram and nerve conduction studies of the upper extremities (8-17- 2015) noted no evidence of median neuropathy, radial neuropathy, plexopathy or radiculopathy in either extremity" and "very mild slowing across the ulnar nerve at the elbow". Medication use included anti-inflammatories. She would be released back to work half time starting 9-28-2015. The treatment plan included consultation with a neurologist, non-certified by Utilization Review on 10-06-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the ODG pain section, recommendations (based on consensus guidelines) for an adequate CRPS evaluation: (1) There should be evidence that the Budapest (Hardin) criteria have been evaluated for and fulfilled. (2) There should be evidence that all other diagnoses have been ruled out. A diagnosis of CRPS should not be accepted without a documented and complete differential diagnostic process completed as a part of the record. (3) If a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase (1.5 C and/or an increase in temperature to > 34 C) without evidence of thermal or tactile sensory block. Evidence of a Horner's response to upper extremity blocks should be documented. The use of sedation with the block can influence results, and this should be noted (Krumova, 2011) (Schrmann, 2001). CA MTUS neck and upper back complaints guidelines state that patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehab (PM&R) specialist may help resolve symptoms. In this case, the documentation supports persistent left upper extremity symptoms following a work related injury on 1/31/13. Symptoms have failed to improve despite ulnar nerve decompression surgery. She has had a negative work-up to include MRI of the cervical spine and electrodiagnostic studies of the left upper extremity. Objective findings include hypersensitivity of the left forearm and decreased skin temperature which are not diagnostic of CRPS, but may be a component. According to the CA MUS guideline referral to a specialist may be beneficial in treatment in such cases where an appropriate work-up has been completed and no surgical indication are present. Therefore the request is medically necessary.