

Case Number:	CM15-0213573		
Date Assigned:	11/03/2015	Date of Injury:	12/09/2013
Decision Date:	12/15/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on 12-09-2013. A review of the medical records indicates that the worker is undergoing treatment for complex regional pain syndrome type 1, bilateral arms and aftercare following surgery for injury. Treatment has included Gabapentin, Pamelor, Stellate ganglion block, physical therapy and right wrist surgery. Subjective complaints (08-28-2015) included right arm, wrist and hand pain and worsening left arm pain. Objective findings showed tenderness with light pressure to the right upper extremity and left forearm and dorsal wrist. Subjective complaints (09-11-2015) included worsening bilateral upper extremity pain with difficulty gripping and grasping with both hands and numbness and burning pain in the hands. The worker was noted to be unable to tolerate any changes to medication due to nausea and dizziness. Objective findings revealed tenderness with light pressure along the entire right upper extremity, pain with light pressure in the left forearm and dorsal wrist and very limited grip strength due to pain. The plan of care included a repeat stellate ganglion block on the right, pain medication, physical therapy and a chronic pain management program. Subjective complaints (10-02-2015) included increasing bilateral upper extremity pain. Objective findings (10-02-2015) included tenderness with light pressure along the entire right upper extremity and pain with light pressure in the left forearm, dorsal wrist and upper arm. A request for chronic pain management program was submitted. A utilization review dated 10-13-2015 non-certified a request for chronic pain management program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic pain management program: 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): Chronic pain programs (functional restoration programs).

Decision rationale: The claimant sustained a repetitive motion work injury with date of injury in December 2013. She was found to have moderate right carpal tunnel syndrome and underwent carpal tunnel release surgery. She developed CRPS which is now involving both upper extremities. When seen in October 2015 she was having increasing left upper extremity pain with pain radiating up and down the arm. A repeat stellate ganglion block on the right side with ultrasound had been approved and was to be scheduled soon. Physical examination findings included tenderness with light pressure along the entire right upper extremity. There was pain with light pressure over the left forearm, dorsal wrist, and upper arm. A series of stellate ganglion blocks was planned. Medications referenced are Pamelor, Tylenol, and Salonpas. Authorization is being requested for a chronic pain management program. In this case, it is unclear as to what type of program is being requested. The claimant already has a primary treating provider and receives interventional pain management services. The requesting provider is not prescribing any opioid medications. In terms of a functional restoration program, criteria include that there is an absence of other options likely to result in significant clinical improvement. In this case, repeat stellate ganglion blocks are pending. The presence of chronic disabling pain with loss of independent function is not documented. This request for a chronic pain management program cannot be accepted as being medically necessary.