

<b>Case Number:</b>	CM15-0088176		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 (IW) is a 34 year old male who sustained an industrial injury on 12/12/2012. He reported pain swelling, and sensitivity to his bilateral feet and ankles. The injured worker was diagnosed as having complex regional pain syndrome with peripheral neuropathy, bilateral lower extremities affecting bilateral ankles. Treatment to date has included a lumbar sympathetic block, oral medications for pain, nerve conduction studies, a home exercise physical therapy program, use of adult crutches, use of a cane, and pain management. Currently, the injured worker complains of ankle swelling with point tenderness, and sensitivity about the bilateral ankles and feet throughout. The worker complains of increased pain with motion. He has diminished sensation from the ankles to the toes bilaterally. On the right foot, dorsiflexion is five degrees, plantar flexion is forty degrees, eversion is ten degrees, and inversion is ten degrees. On the left foot, dorsiflexion is five degrees, plantar flexion is thirty five degrees, eversion is ten degrees, and inversion is ten degrees. Requests for authorization are made for crutches, Pain Stimulator with Pain Management, Meds as per Pain Management, unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Crutches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that durable medical equipments and ambulatory assist devices can be utilized to in chronic pain patients to improve mobility and rehabilitation and ambulation. The records did not show that the patient was not able to ambulate without the use of durable medical or ambulatory devices. The criteria for the use of crutches was not met. The request is not medically necessary.

**Pain stimulator, with Pain Management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, spinal cord stimulators (SCS); Psychological evaluations Page(s): 38; 105-107; 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 101,105-107.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that spinal cord stimulator can be utilized in the management of severe musculoskeletal pain when medications, PT, surgery, interventional procedures have failed. The records not show that the patient failed conservative treatments with NSAIDs. There is documentation of effective pain relief with utilizations of the medication. The criteria for the use of was not met. The request is not medically necessary.

**Meds, as per Pain Management, unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred to a specialist for evaluation and treatments when the diagnosis is too complex or additional expertise if necessary for the management of a complex medical condition. The records showed that the patients is utilizing multiple medications for the management of the musculoskeletal pain. The request did not specify the medications that was prescribed by the Pain Management specialist. The criteria for the prescription of medications from the pain specialist was not met. The request is not medically necessary.