

<b>Case Number:</b>	CM15-0015059		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on 6/12/2009. He has reported a fracture to the left ankle requiring surgical repair, ORIG, with instrumentation that subsequently evolved to complex regional pain in the foot, arm and back. The diagnoses have included chronic pain syndrome, and low back pain, and complex regional pain syndrome (CRPS), among additional comorbidities. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, biofeedback, and insertion of a spinal nerve stimulator. Currently, the IW complains of persistent left foot pain that radiates to the back and left leg, rated 10/10 VAS with relief down to 8/10 using medication, heat/ice, and rest. Physical examination on 12/18/14 documented no acute findings. The implanted spinal nerve stimulator was evaluated on this date. The plan of care included continuation of medications as ordered, and orders to schedule follow up visits to evaluate the spinal nerve stimulator and psychiatric consultation. The 12/31/14 office visit documented increased amplitude of the nerve stimulator amplitude with expectancy of the battery life to decrease due to lack of medications from previous Utilization Review denial. On 1/14/2015 Utilization Review non-certified monthly office visits x 12 with next scheduled visit 1/19/15, analyze neurostimulator x 12, noting that the guidelines do not support monthly evaluations as reasonable and medically necessary. The MTUS Guidelines were cited. On 1/27/2015, the injured worker submitted an application for IMR for review of monthly office visits x 12 with next scheduled visit 1/19/15, analyze neurostimulator x 12.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly office visits x12 with next visit scheduled for 1/19/2015:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Office visits

**Decision rationale:** Pursuant to the Official Disability Guidelines, monthly office visits times 12 with next scheduled visit January 19, 2015 is not medically necessary. The need for clinical office visit with a healthcare provider is individualized based on a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured workers working diagnoses are reflex sympathetic dystrophy lower extremity; muscle spasms chronic; fitting and adjustment of neural pacemaker (brain) (peripheral nerve) (spinal cord) chronic; sleep problem; chronic pain due to trauma; reflex sympathetic dystrophy upper extremity; adjustment disorder with anxiety; and restless leg syndrome chronic. The documentation indicates injured worker was taken off all of his medications by the independent medical review. Treating physician states the injured worker is in "massive withdrawals". Physical examination on December 31, 2014 contains a blood pressure 115/78, heart rate 74, and respirations of 16 with O2 saturations of 100%. The physical examination is otherwise normal and there are no objective signs of withdrawal. There is no documentation in the medical records to support monthly office visits. The need for clinical office visit is individualized based on review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The documentation indicates the injured worker's medications were discontinued and certainly a one-month follow-up is appropriate. However, there is no documentation to support monthly visits on a regular basis thereafter. Consequently, absent clinical documentation to support ongoing office that some monthly basis, monthly office visits times 12 with the next office visit scheduled January 19, 2015 is not medically necessary.

**Analyze neurostimulator x12:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Spinal cord stimulator Pain section, Office visit

**Decision rationale:** Pursuant to the Official Disability Guidelines, analysis of the neurostimulator times 12 is not medically necessary. The need for clinical office visit with a healthcare provider is individualized based on a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is based on what

medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured workers working diagnoses are reflex sympathetic dystrophy lower extremity; muscle spasms chronic; fitting and adjustment of neural pacemaker (rain) (peripheral nerve) (spinal cord) chronic; sleep problem; chronic pain due to trauma; reflex sympathetic dystrophy upper extremity; adjustment disorder with anxiety; and restless leg syndrome chronic. The documentation indicates injured worker was taken off all of his medications by the independent medical review. Treating physician states the injured worker is in "massive withdrawals". Physical examination on December 31, 2014 contains a blood pressure 115/78, heart rate 74, and respirations of 16 with O2 saturations of 100%. The physical examination is otherwise normal and there are no objective signs of withdrawal. There is no documentation in the medical records support monthly office visits. The need for clinical office visit is individualized based on review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The injured worker had a spinal cord stimulator trial with implantation March 14, 2011. There was a revision of the spinal cord stimulator on September 2013. There is no clinical documentation of problems with the spinal cord stimulator. There is no documentation in the medical record to support monthly follow-up visits to analyze the neurostimulator (SCS). Consequently, absent clinical documentation to support monthly follow up visits for spinal cord stimulator analysis, analysis of the neurostimulator times 12 not medically necessary.