

Case Number:	CM15-0124973		
Date Assigned:	07/09/2015	Date of Injury:	09/19/2007
Decision Date:	08/05/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/29/2015

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

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 29 year old female, who sustained an industrial injury on 9/19/2007. She reported falling down stairs subsequently requiring surgery to the left ankle and also resulted in low back pain. Diagnoses include lumbar disc displacement, acute capsulitis, peroneal tendonitis, and left lateral ankle sprain, and Complex Regional Pain Syndrome (CRPS-I) of the left ankle. Treatments to date include activity modification, narcotic, muscle relaxant, physical therapy, and lumbar epidural steroid injections with greater than 60% relief of pain noted. Currently, she complained of pain and swelling of the left ankle associated with intermittent numbness. On 6/10/15, the physical examination documented mild edema and tenderness to the left ankle. The plan of care included continued treatment with the pain management physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit ongoing treatment with pain management physician, unspecified duration:

Overturned

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

Page(s): 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain chapter Page(s): 107. Decision based on Non-MTUS Citation Up to date topic 5628 and version 14.0.

Decision rationale: CRPS or chronic regional pain syndrome usually occurs in a specific body region, most commonly extremities. It is characterized by pain, swelling, vasomotor instability, skin changes, edema, and patchy bone demineralization. The etiology can often be traced to injury, surgery, or a vascular accident such as stroke. Pain is often severe, chronic and very difficult to treat. Spinal cord stimulation is noted to be one of the possible treatment options in this disease. Decision Rationale: the above patient had CRPS and as noted above is a very severe and debilitating condition and requires great expertise in pain management. At times, very specialized procedures such as spinal cord stimulation is utilized. It is to the benefit of the patient that she see a pain specialist for this disease and the UR decision is medically necessary.