

Case Number:	CM13-0027209		
Date Assigned:	11/22/2013	Date of Injury:	08/01/2006
Decision Date:	02/03/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology and is licensed to practice in Massachusetts, Ohio, and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44-year-old injured worker who reported a work-related injury on 08/01/2006, as a result of cumulative trauma to the bilateral upper extremities. Qualified Medical Re-evaluation under the care of [REDACTED] documents the patient's course of treatment since the date of injury. The provider documented the patient upon physical examination had reasonably good grip strength, measured 248 kg on the right and 688 kg on the left. The provider documents the patient was status post a carpal tunnel release to the left in 2009 and to the right in 2010, neither of which afforded the patient any relief as far as complaints of numbness. The patient presented with the following diagnoses: recurrent bilateral carpal tunnel syndrome, complex regional pain syndrome resolved, De Quervain's stenosing tenosynovitis to the left, iatrogenic injury to the radial sensory nerve on the left, trigger finger right third finger resolving, and status post trigger thumb release on the right resolved. The clinical note dated 07/18/2013 reports the patient was seen under the care of [REDACTED] for follow-up pain management evaluation. The provider documents the patient reports their rate of pain is at an 8/10 to 9/10. The patient reports constant pain, is tolerating their medication very well, a lot of fatigue and cannot sleep. The provider documents upon physical exam of the patient there was slight atrophy noted to the right thenar area, severe diffuse tenderness to palpation over the right thumb. The patient's range of motion was limited, painful, and worse with abduction. The patient had decreased sensation in the left thumb and wrist and there was hypersensitivity at the left thenar. The provider documented the patient presented with right thumb neuropathic pain rule out internal derangement status post right stellate ganglion block, status post bilateral carpal tunnel release and neuroplasty, epiphysopathy left wrist, neuropathic pain bilateral wrists, hands and fi

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological clearance for possible spinal cord stimulator: 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 The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Pain Chapter-SCS Psychological Evaluation.

Decision rationale: The Physician Reviewer's decision rationale: The clinical documentation submitted for review reports the patient continues to present with moderate complaints of bilateral wrist pain status post bilateral carpal tunnel releases and subsequent complaints of nerve damage. The provider documents the patient is a candidate for a spinal cord stimulator implantation trial. However, the Qualified Medical re-evaluation dated 03/2012 documented the patient's complex regional pain syndrome had resolved. That having been documented, the patient is not a candidate for a spinal cord stimulator trial. Therefore, a psychological evaluation for utilization of this modality would not be supported. The clinical notes failed to evidence the patient objectively presents with a diagnosis of complex regional pain syndrome, in addition again the qualified medical re-evaluation had noted this diagnosis had resolved. The request for a psychological clearance for spinal cord stimulator is not medically necessary and appropriate.