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| Case Number: | CM13-0030019 | | |
| Date Assigned: | 03/17/2014 | Date of Injury: | 08/01/2006 |
| Decision Date: | 05/05/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 09/26/2013 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in 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 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/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:

This is a 45-year-old female patient with a reported injury on 08/01/2006. The mechanism of injury was not provided. The patient has a history of upper arm pain which has been rated 8/10 to 9/10 and describes it as constant when using the hand. On the office visit dated 07/18/2013, the patient reported fatigue and difficulty sleeping. The patient also reported having mood swings about having a "sad life." Upper extremity examination found slight atrophy noted in the right area. There was severe diffuse tenderness to palpation over the right thumb. Range of motion was limited and painful and worse on abduction. There was reported decreased sensation in the left thumb and wrist and hypersensitivity at the left area. The impression was right thumb neuropathic pain. The patient is status post right stellate ganglion times 1, status post bilateral carpal tunnel release and neuroplasty, enthesopathy and the left wrist, neuropathic pain of the bilateral wrists, hands and fingers and complex regional pain syndrome with bilateral scars over the wrist but per a QME Report dated 03/29/2012, the Complex Regional Pain Syndrome (CRPS) was resolved. Medications listed are Xanax 1 to 2 tabs as needed, Vicodin 5/500 mg twice a day, Neurontin 600 mg twice a day, and Levsin ODT 0.125 sublingual 1 tab every 4 to 6 hours as needed for intestinal cramps. The treatment plan was for the patient to undergo a urine toxicology screening to ensure compliance with current medications as the patient remained at a high risk due to the narcotic regimen and patient history of anxiety and depression. Diagnosis on 09/26/2013 was noted to be mononeuritis of upper limb unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIVE (5) DAY TRIAL OF A EXTERNAL SPINAL CORD STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UNDER SPINAL CORD STIMULATION Page(s): 105.

Decision rationale: The CA MTUS Guidelines state spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. Guidelines further state psychological evaluations required for stimulators. The request for a 5 day trial of an external spinal cord stimulator is non-certified. As reported in the QME Report, 07/18/2013, diagnosis of complex regional pain syndrome was noted; however, in a QME Report, 03/29/2012, the CRPS was reported to be resolved. Also, there was a lack of a psychological evaluation of the patient indicating she was an appropriate candidate. As such, the request is non-certified.