

Case Number:	CM13-0056139		
Date Assigned:	12/30/2013	Date of Injury:	03/17/2006
Decision Date:	03/31/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 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 46-year-old injured worker who reported an injury on 03/17/2006. The mechanism of injury was noted to be the patient was cleaning the eating area when she slipped onto the floor and hit her left knee. The patient had a left knee arthroscopic repair in 2006. The recent clinical documentation dated 12/18/2013 revealed the patient was post work-related injury knee arthroscopy having symptoms of CRPS. The patient was noted to have had lumbar sympathetic blocks with temporary relief and a course of physical therapy. The patient's knee pain was increased due to cold weather. The patient had increased burning and tingling along the lateral aspect of the knee with swelling. The patient was noted to have episodes of spasms throughout her thigh. The physical examination revealed the patient was in mild distress due to increased pain from cold. The patient's diagnosis was noted to be status post work-related injury with symptoms of CRPS after knee arthroscopy. The physician indicated the patient should proceed with psych consultation that was approved before the consideration of a spinal cord stimulator trial and after that, they would submit the results and allow the insurance to determine if the patient could proceed with an SCS trial. The patient was noted to undergo a psychological evaluation on 12/18/2013 for implantation of a spinal cord stimulator. The summary indicated there were no serious psychological barriers to proceeding with an SCS trial. The disposition indicated given the results of a clinical interview, psychometric testing, and the patient's stated goals, the current recommendation is to proceed with the trial after initiation of therapy and possibly medication for depression, conduct a brief re-assessment in 4 to 6 weeks after initiating the above treatment, and treatment of pain with the SCS should be concurrent with ongoing treatment for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial, 2 leads: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-107, 35-36.

Decision rationale: Spinal cord stimulators are recommended for patients in cases when less invasive procedures have failed or are contraindicated and following a successful temporary trial. Patients with complex regional pain syndrome are indicated for the stimulator implantation. CRPS diagnostic criteria includes: (1) the presence of an initiating noxious event or cause of immobilization that leads to development of the syndrome; (2) continuing pain, allodynia, or hyperalgesia which is disproportionate to the inciting event and/or spontaneous pain in the absence of external stimuli; (3) evidence at some time of edema, changes in skin blood flow, or abnormal pseudo motor activity in the pain region; and (4) the diagnosis is excluded by the existence of conditions that would otherwise account for the degree of pain or dysfunction. Criteria 2 through 4 must be satisfied to make the diagnosis. The clinical documentation submitted for review failed to provide documentation of continuing pain, allodynia, or hyperalgesia which was disproportionate to the inciting event and/or spontaneous pain in the absence of external stimuli and evidence at some of edema, changes in skin blood flow, or abnormal pseudo motor activity in the pain region. Additionally, there was a lack of documentation indicating the diagnosis was excluded by the existence of conditions that would otherwise account for the degree of pain or dysfunction. The request for spinal cord stimulator trial, 2 leads is not medically necessary and appropriate.

Pre-operative: history and physical, EKG, chest x-ray, and labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.