

Case Number:	CM13-0072702		
Date Assigned:	01/08/2014	Date of Injury:	07/18/2008
Decision Date:	06/05/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/31/2013

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 Occupational Medicine and is licensed to practice in California. 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:

The patient has filed a claim for cervicalgia and reflex sympathetic dystrophy of right upper extremity associated with an industrial injury of July 18, 2008. Thus far, the patient has been treated with opioids, topical analgesics, antipsychotics, Ambien, Atarax, Biofreeze roll-on, Klonopin, Lexapro, physical therapy, heat, TENS, lower extremity bracing, cervical epidural steroid injection with subsequent development of hematoma and hemiplegia. Current medications include Phenergan, Atarax, Klonopin, Biofreeze roll-on, ketoprofen/capsaicin cream, and flurbiprofen/capsaicin cream. Review of progress notes severe constant bilateral hand pain, tenderness of right upper extremity from shoulder to wrist area with positive Finkelstein's, Phalen's, and Tinel's signs, marked limitation in range of motion of right shoulder, and marked weakness of right shoulder, elbow, and wrist. There is also tender right lower leg with decreased strength of the knee and ankle. Right shoulder MRI from June 2011 showed rotator cuff tendinopathy and impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

A SPINAL CORD STIMULATOR FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105;107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines & ODG criteria for SCS trial placement include a diagnosis of CRPS, psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and that there are no contraindications to a trial. It should be used in conjunction with comprehensive multidisciplinary medical management. In this case, patient does not have psychological clearance for spinal cord stimulator trial placement and there is no documentation of failure of other treatment modalities to manage CRPS or a comprehensive multidisciplinary management plan. Also, patient has a history of hemiplegia secondary to an invasive cervical procedure and implantation of spinal cord stimulator necessitates more caution in the cervical region. Therefore, the request for the spinal stimulator is not medically necessary per the guideline recommendations of MTUS and ODG.