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| Case Number: | CM14-0012426 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 08/13/2005 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/17/2014 |
| Priority: | Standard | Application Received: | 01/30/2014 |

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic regional pain syndrome, bilateral foot pain, chest wall pain, reflex sympathetic dystrophy, and obesity reportedly associated with an industrial injury of August 13, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; long and short acting opioids; unspecified amounts of psychological counseling; multiple regional blocks and sympathetic ganglion blocks over the life of the claim; and extensive period of time off of work. In a Utilization Review Report dated January 7, 2014, the claims administrator denied a request for a trial of a spinal cord stimulator and denied a request for six additional sessions of psychological care. Despite the fact that the applicant had failed numerous other treatments for chronic regional pain syndrome, the claims administrator stated that there was no available clinical information to suggest that less invasive procedures had been tried and/or failed for the applicant's chronic regional pain syndrome. The applicant's attorney subsequently appealed. In a progress note dated January 27, 2014, the applicant's attending provider stated that the applicant was motivated to regain a more functional life. It was stated that the applicant was searching for better ways to manage his pain besides the opioid that he was currently using. The applicant had not obtained relief through earlier acupuncture, it was stated. The applicant's pain ranges from 4-9/10. It was stated the applicant had already had a precursor psychological evaluation. The applicant had issues with comorbid conditions of hypertension, dyslipidemia, diabetes which were impeding and delaying his recovery, it was suggested. In an earlier note of June 16, 2011, it was stated that the applicant had tried lesser levels of care, including surgery for the foot, medications, physical therapy, massage therapy, a TENS unit, lumbar sympathetic blocks, and trigger point injections, none of which were particularly helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF SPINAL CORD STIMULATOR: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SPINAL CORD STIMU.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, page 107, Indicators For Stimulator Implantation.

Decision rationale: As noted on page 107 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the indicators for stimulator implantation includes complex regional pain syndrome or reflex sympathetic dystrophy. It is stated that spinal cord stimulator implants have 70% to 90% trial, 14 to 41 months after surgery, for diagnosis of RSD, as is reportedly present here. In this case, contrary to what was suggested by the claims administrator, the applicant has, in fact, tried, failed, and exhausted lesser levels of care, including time, medications, surgical intervention, physical therapy, massage therapy, and trigger point injections, a TENS unit, sympathetic blocks, long and short acting opioids, etc. A trial of a spinal cord stimulator is indicated, particularly since the attending provider has indicated that the applicant has obtained a precursor psychological evaluation represented pre-spinal cord stimulator trial on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary, for all the stated reasons.

6 ADDITIONAL SESSIONS OF PSYCHOLOGICAL CARE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, COGNITIVE BEHAVIO.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Practice Guidelines, Chapter 15, page 405, Failure To Improve Section, and MTUS 9792.20f.

Decision rationale: As noted on Page 405 of the MTUS-adopted ACOEM Guidelines in Chapter 15, an applicant's failure to improve with psychological modality should lead the treating provider to suspect an incorrect diagnosis, unrecognized medical or psychological condition, or unrecognized psychosocial stressors. In this case, the applicant is off of work, on total temporary disability, despite having completed extensive amounts of psychotherapy and cognitive behavioral therapy over the life of the above captioned Worker's Compensation claim. There has been no demonstration of functional improvement as defined in MTUS 9792.20f despite earlier psychotherapy/cognitive behavioral therapy. The applicant remains off of work. The applicant remains highly reliant on various forms of medical treatment, including spinal cord stimulator above, psychotropic medication such as Elavil, opioids such as Morphine and Norco, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite earlier unspecified amounts of psychological care over the life of the

claim. Therefore, the request for six additional sessions of psychological care is not medically necessary.