

Case Number:	CM14-0142555		
Date Assigned:	09/10/2014	Date of Injury:	11/08/2011
Decision Date:	12/12/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal 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's initial pain consultation occurred on March 11, 2014. He was diagnosed with R/O Reflex Sympathetic Dystrophy (Complex Regional Pain Syndrome) of the right upper extremity following injury, right ulnar entrapment, s/p (status post) right ulnar decompression surgery. The recommendations include: Diagnostic right stellate ganglion injections to help r/o (rule out) CRPS (complex regional pain syndrome), medication management (hope to wean off Norco after injection), and 12 active physical therapy treatments to the right upper extremity. Thus far, the injured worker (IW) has been treated with the following: Analgesic medication, ulnar nerve decompression surgery, stellate ganglion blocks, carpal tunnel release surgery, adjuvant medications; unspecified amounts of physical therapy over the course of the claim. Pursuant to the progress note dated June 16, 2014, the IW was on Neurontin and, furthermore, stated that stellate ganglion block was unsuccessful. Significantly grip strength was noted in the right hand with associated hyposensorium was also noted about the same time. On July 26, 2014, the IW was described as having persistent complaints of right upper extremity pain and paresthesias. He reportedly carried diagnoses of CRPS (Chronic Regional Pain Syndrome) of the right upper extremity and did have evidence of allodynia, dyesthesias, and color changes appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulation trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, spinal cord stimulators (SCS) Page(s): 107-127.

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

Decision rationale: Pursuant to the California MTUS, Chronic Pain Medical Treatment Guidelines, spinal cord stimulators (SCS), are not medically necessary. The guidelines state that SCS is recommended only for selected cases when less invasive procedures have failed or are contraindicated, or specific conditions indicated below and following a successful temporary trial. Although there is limited evidence in favor of spinal cord stimulators for complex regional pain syndrome, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. In this case, although the Chronic Medical Treatment Guidelines acknowledge that indications for spinal cord stimulator implantation include the presence of Chronic Regional Pain Syndrome (the diagnosis reported here) the MTUS qualified their recommendation. The MTUS notes that CRPS (Chronic Regional Pain Syndrome) is, in fact, a controversial diagnosis. Based on the clinical information in the medical record and on the evidence-based guidelines, the request is not medically necessary.