

Case Number:	CM14-0169769		
Date Assigned:	10/20/2014	Date of Injury:	09/06/2000
Decision Date:	11/20/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family 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:

This 47 years old female patient sustained an injury on 9/6/2000. The current diagnoses include bilateral wrist pain, right greater than left due to ulnar neuropathy and possible unresolved carpal tunnel syndrome, and sympathetically mediated component of pain refractory to stellate ganglion block. Per the doctor's note dated 10/13/14, the patient had some improvement from the recent right stellate ganglion block although the patient had started to have some worsening of pain. The patient had decreased pain and improved upper extremity range of motion (ROM) from the injection. The physical examination revealed limited range of motion (ROM) of the right hand with limitation finger extension, the thumb held in an approximately 45 degree flexion contracted state that can be manually reversed but that involuntarily returned to that position, pain with manual extension of the fingers and the thumb, 3/5 right grip strength and 4/5 on the left, pain over ulnar aspect of right wrist and forearm to pressure, positive with moderate hyperesthesia over the wrist, pain to flexion and extension range of motion (ROM) in the left wrist, both ulnar and radial aspects, pain to pressure over the thenar eminence, pain to the left upper extremity grip as well as the elbow with flexion and extension. Per the initial psychological evaluation dated 10/2/14, she had unspecified depressive disorder. She was advised a trial of behavioral intervention- individual pain management psychotherapy sessions. The current medications list includes ranitidine, Norco, Lunesta, Symbicort, Nexium, Klonopin, Terocin, Proventil MDI, and topical analgesic creams. She has undergone right stellate ganglion block under fluoroscopic guidance on 2/12/2014, 06/09/14. She has had acupuncture visits and 12 mental health therapy visits for this injury. She has had a urine drug screen on 4/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 38, 106-107.

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

Decision rationale: Per the cited guidelines "Indications for stimulator implantation:- Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. - Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) - Post amputation pain (phantom limb pain), 68% success rate - Post herpetic neuralgia, 90% success rate- Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury) - Pain associated with multiple sclerosis- Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004). "Evidence of back surgery is not specified in the records provided. Diagnosis of CRPS is not established in the records provided. Documented evidence of any of the above indications for a spinal cord stimulator was not specified in the records provided. Response and failure to previous conservative non-operative therapy is not specified in the records provided. The medical necessity of spinal cord stimulation is not fully established for this patient now.