

Case Number:	CM14-0171609		
Date Assigned:	10/23/2014	Date of Injury:	09/24/2002
Decision Date:	11/25/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/17/2014

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 Orthopedic Spine Surgery, 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 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 injured worker is a 57-year-old female who reported an injury on 09/24/2002. The injured worker sustained injuries while lifting at work as a nurse. She developed immediate shoulder pain and intention tremors and pain related hypertension. The injured worker's treatment history included an arthroscopy on 11/15/2004, physical therapy, opioid medications, topical analgesics, and EMG/NCV studies. The injured worker was evaluated on 08/13/2014 and it was documented that the injured worker complained of continuous pain, spasm, and tremors affecting her right shoulder, right arm, and chest. She also complained of continuous numbness and tingling to her left buttock and leg from industrial sciatic nerve injury. The injured worker was not working and reported no new injuries. It was noted that the injured worker stated RFAs were needed for plastic surgery consult for replacement of her breast silicone implant, which burst when her left leg gave away, causing her to fall onto her chest. The breast rupture injection was therefore a result of her left leg injury and therefore she should be covered on an industrial basis. The injured worker reported a pain level of 4/10 with medications and without at 8-9/10 without medications. With medications she has the ability to walk, sit, use the right arm, and perform activities of daily living. The injured worker was reportedly approved for psychological clearance for the spinal stimulator, who felt she was a reasonable candidate once she completed 6 visits of behavioral pain management pre-surgical preparation. The injured worker had completed 1 of 6 visits due to the inability to obtain the transportation necessary because the injured worker is not safe to drive on morphine. Upon physical examination, the injured worker looked in pain. She held her right arm in a protective fashion with flexion at the elbow and wrist and abduction at the shoulder. The arm and hand were without tremor at rest with development of moderate to severe intention tremor with attempting to extend, grasp, lift, or elevator her shoulder above her chest. Her mood was depressed and her affect was tearful. Her speech was

normal. The physical examination revealed there was mild scapular winging. Flexion was 45 degrees, abduction was 45 degrees, internal rotation was 30 degrees, and external rotation was 60 degrees. Elbow flexion was limited by pain to 90 degrees. There were 2+ spasms with trigger points throughout the parascapular and lower cervical paraspinal muscles. There was 2+ hyperalgesia to palpation throughout the right upper limb from hand to shoulder, most severe in the proximal portions of the humerus up to the shoulder. The left lower limb had 2+ tenderness over the left sciatic notch. The straight leg raise was positive on the left at 30 degrees. Her gait was noted as she stood with difficulty with an antalgic gait to the left. Medications included MS-Contin, MSIR, Fioricet, Zofran ODT, Nexium, Vistaril, Zolof, Xanax, and Catapres. Her diagnoses included right shoulder and upper limb pain with loss of range of motion from capsulitis and potential CRPS type 1; right scapular dyskinesia; muscle guarding pain; left sciatica with periodic edema, weakness, and dysesthesia industrial following injection with potential CRPS type 2/RSD; back pain from gait abnormality from sciatic nerve injury; nausea and vomiting esophageal reflux from analgesics; edema of the limbs and face; opioid dependent chronic pain; right wrist cyst pain; and opioid induced constipation and pruritics. The provider noted the injured worker continued to suffer from chronic, continuous, moderate to severe pain in the right shoulder, right upper limb, left leg, buttock, and sciatic nerve, and would benefit from a trial of a spinal cord stimulation implanted into the cervical and lumbar area to treat the right shoulder and left buttock which remained the only reasonable therapy that might improve her function and pain and allow her to reduce her narcotic use. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aid 3 hours a day, 4 days a week for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines (MTUS) only recommends Home Health Services for medical treatment for patients who are Home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The documents provided on 08/13/2014 lacked documentation of the injured worker being homebound, on a part time or "intermittent" basis. Given the above, the request for Home Health aid 3 hours a day, 4 days a week for 3 months is not medically necessary.

Associated surgical service: Five (5) psychology treatment visits for pre-op spinal cord stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS), Psychological evaluations Page(s): 105-106, 100-101.

Decision rationale: The requested is not medically necessary. Spinal cord stimulator is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state column stimulator are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Fair evidence supports the use of spinal cord stimulation in failed back surgery syndrome, those with persistent radiculopathy after surgery. The guideline indications for a stimulator implantations failed back syndrome (persistent pain in patents who have undergone at least one previous back operation and are not candidates for repeat surgery), when are the following are present; symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care, analgesics, injections, physical therapy, neurologic agents. Psychological evaluations, IDDS & SCS (Intrathecal drug delivery systems & spinal cord stimulators). Recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The documentation submitted for review on 08/13/2014 indicated the injured worker had a psychological evaluation 1 out of 6 who felt she was a reasonable candidate once she completed 6 visits of behavioral pain management. However, the psychological evaluation was not provided for review to identify why the injured worker required additional psychological treatment prior to a spinal cord stimulator trial. Moreover, the provider failed to indicate conservative treatment such as patient pain management and prior physical therapy sessions for the injured worker. As such, the request for 5 psychology treatment visits for preoperative spinal cord stimulator is not medically necessary.