

Case Number:	CM14-0172823		
Date Assigned:	10/23/2014	Date of Injury:	03/18/2008
Decision Date:	12/31/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 Surgery, 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 is a 42 year old female with a 3/18/08 injury date. According to a more recent UR approval letter on 10/22/14, the patient underwent a successful spinal cord stimulator trial in June 2011 and received a certification for permanent implantation on 8/25/11. However, she was reluctant to undergo implantation at that time. She subsequently received authorization in September 2013 but this was put on hold as she was settling her case with a CNR. In a 9/17/14 note, the patient was looking forward to placement of a spinal cord stimulator. Objective findings included tenderness over the cervical musculature, global weakness of the left upper extremity, and hypersensitivity to light touch throughout the entire left upper extremity. There has been no change in psychological status or evidence of substance abuse. Diagnostic impression: complex regional pain syndrome left upper extremity. Treatment to date: successful cervical spinal cord stimulator trial (6/20/11), medications, physical therapy, several left upper extremity surgeries. There was no documentation of a previous UR denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator implant to the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter--Spinal cord stimulator

Decision rationale: CA MTUS criteria for permanent SCS placement include at least one previous back operation and patient is not a candidate for repeat surgery, symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. In this case, there was no documentation of a previous UR denial and a 10/22/14 letter that certified the request. The patient has already had a successful SCS trial, is not a candidate for repeat surgery, has had no change in psychological status, has no known substance abuse issues, and has exhausted other conservative treatment modalities. In short, this review is in agreement with the 10/22/14 UR approval. Therefore, the request for spinal cord stimulator implant to the cervical spine is medically necessary.

Follow-Up in 2 months: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter--Office visits

Decision rationale: CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Given the approval of the associated procedure, a follow-up in the office is appropriate in the post-procedure period. Therefore, the request for follow-up in 2 months is medically necessary.