

Case Number:	CM14-0177828		
Date Assigned:	10/31/2014	Date of Injury:	01/09/2003
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 48-year-old female who reported an injury on 01/09/2003 due to an unspecified mechanism of injury. The injured worker complained of neuropathy pain in the left hand that started 3 or 4 months ago spontaneously. The diagnosis included Reynaud's syndrome, reflex sympathetic dystrophy, and neuropathy. Objective findings revealed a new onset of numbness to the left hand and a new onset of tingling to the left hand. Pain was noted also to the right elbow and forearm, along with the lower back. Objective findings included light touch sensation to the right lateral shoulder, right thumb tip, right long tip, and right small tip were diminished. Prior treatments included a spinal cord stimulator. Treatment plan included a placement of a new IPG pulse generator. The Request for Authorization dated 10/31/2014 was submitted with documentation. The rationale for a new spinal cord stimulator was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Placement of new IPG Pulse Generator: 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 Stimulators Page(s): 105-106.

Decision rationale: The request for placement of new IPG pulse generator is not medically necessary. The California MTUS Guidelines state that implantable spinal cord stimulators are rarely used and should be reserved for injured workers with low back pain for more than 6 months duration who have not responded to the standard nonoperative or operative interventions. Indications for the use of stimulator implantation are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury dysesthesias and pain associated with multiple sclerosis as well as peripheral vascular disease. The guidelines recommend spinal cord stimulators for injured workers who have undergone at least 1 previous back operation and who are not a candidate for repeat surgery with symptoms of primarily lower extremity radicular pain, a psychological clearance, no current evidence of substance abuse issues and no contraindications to a trial; permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after the temporary trial period. The documentation was not evident of failed back surgery, and failed conservative treatment. There was a lack of physical examination findings. The injured worker had a spinal cord stimulator in place. On 03/13/2014, she was thinking of having it removed. However, the stimulator was noted to be working; however, the batteries needed to be changed. A provider did not indicate the reasoning for a new spinal cord stimulator. The medical documentation lacked evidence of psychological clearance indicating realistic expectations and clearance for the procedure. Additionally, there was no current evidence addressing substance abuse issues. As such, the request is not medically necessary.