

Case Number:	CM14-0053834		
Date Assigned:	07/07/2014	Date of Injury:	07/07/2008
Decision Date:	09/24/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/22/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 7/7/08. He was seen by his primary treating physician on 3/17/14 with complaints of hypersensitivity, temperature and color changes to his left hand with pain. His physical exam showed grip strength of 45/46/44 kg on the right and 28/28/26 kg on the left. He had a purple coloration of his left middle finger and tenderness and swelling over the pad of the left palm and metacarpal phalangeal joint of his left little and middle fingers, representing possible neuroma formation. He could not flex his left middle finger at the MCP joint and he had hypersensitivity of his left palm and middle finger. His diagnoses were traumatic crush injury left hand status post amputation, and complex regional pain syndrome; left upper extremity. At issue in this review is the request for a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

permanent 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 Page(s): 34-41 and 105-107.

Decision rationale: Spinal cord stimulators are considered a more invasive method of treatment that can be offered only after careful counseling and patient identification, and should be used in conjunction with comprehensive multidisciplinary medical management. They are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated for specific conditions and following a successful temporary trial. There is limited evidence in favor of spinal cord stimulators for Failed Back Surgery Syndrome and Complex Regional Pain Syndrome (CRPS). Given the limited evidence to support a spinal cord stimulator in CRPS and that the records do not indicate comprehensive multidisciplinary medical management is concurrently in use, the medical necessity of a spinal cord stimulator cannot be established. As such, the request is not medically necessary.