MAXIMUS Federal Services

Case Number:	CM13-0034646		
Date Assigned:	04/16/2014	Date of Injury:	01/30/2012
Decision Date:	03/12/2015	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old female who reported injury on 01/30/2012. The mechanism of injury was repetitive repositioning mannequins in the front window. The medications were noted to include Neurontin, nortriptyline and Restoril. There were noted to be no surgical interventions. The injured worker received a stellate block in 07/2012, for which the injured worker reported she had 50% relief of pain for several days. The documentation of 10/01/2013 revealed the injured worker had complaints of persistent moderate to severe pain with intensity level of 8/10 in her limb that had gotten worse. The injured worker had developed swelling in her fingers with allodynia, temperature asymmetry, and stiffness in the right hand. The injured worker reported the same symptoms in her left hand, but to a lesser extent. Neurologic, motor/muscle examination of the right wrist revealed an inability to flex, sensitivity to light touch with pain on palpation, which limited the motor examination and the injured worker had some severe weakness. The sensory examination revealed the presence of allodynia on the dorsum of her hand and forearm. Skin changes revealed darker skin over the dorsum of the right hand. There was noted to be skin atrophy and loss of range of motion. The injured worker was noted to be suffering from complex regional pain syndrome and had been compliant with her medications. The documentation indicated the treatment was somewhat beneficial; however, it failed to arrest her progressive stiffness and loss of function of the injured worker's right upper extremity. As such, she was noted to be refractory to conventional measures and a more invasive intervention was warranted and as such the request was made for a spinal cord stimulator. The original date of request was dated 09/09/2013. The documentation indicated the injured worker

met the IASP criteria for CRPS. The injured worker was noted to have depression and panic attacks. There is no Request for Authorization submitted for the requested service. Other therapies included physical therapy and the stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulato.

Decision rationale: The California Medical Treatment Guidelines recommend spinal cord stimulators for injured workers who have complex regional pain syndrome when less invasive procedures have failed or are contraindicated. There should be documentation of psychological evaluation prior to the spinal cord stimulator implant. There was documentation the injured worker had failed less invasive procedures. The clinical documentation submitted for review failed to provide documentation of a psychological evaluation. The documentation indicated the injured worker had signs and symptoms of CRPS. The request, as submitted, failed to indicate the level of the spine to be treated. Given the above and the lack of documentation, the request for spinal cord stimulator trial is not medically necessary.