

Case Number:	CM14-0180215		
Date Assigned:	11/04/2014	Date of Injury:	12/01/2010
Decision Date:	02/25/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/30/2014

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. 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old female who got injured on 12/1/2010. It was reported that she stepped on the center of a piece of metal and slipped and fell injuring her buttocks, back, right leg and right arm. She saw her treating physician for follow up 6/25/2014, 8/20/2014 and 9/17/2014, on those dates it was reported that she had ongoing pain in both feet and legs, she also had swelling of both knees pain was pulsating and aching, She is taking Norco, naproxen and Lyrica which help, her pain level was reported to be at 8-9/10. Her physical exam was positive for cervical spinal tenderness extending to the shoulders, she had limited range of motion of both shoulders due to pain, tenderness in both shoulders, tenderness in the anterior side of the right arm, weak grip in right hand., her lower extremity exam was positive for restricted right ankle range of motion due to pain, decreased sensation in the dorsolateral aspect of the right ankle, right ankle weakness in all directions. The assessment discussion included rationale for utilizing a neuro-stimulator which included that the injured worker had failed TENS treatments in the past, physical therapy pharmacological therapy as well as other non-surgical modalities had proven unsuccessful in controlling the pain, she will be participating in a home exercise program as an adjunct to the neuro-stimulator treatments in order to improve functional levels. Her diagnoses include reflex sympathetic dystrophy, chronic pain syndrome, shoulder pain, pain in joint-lower leg, pain in limb-upper. Her medication regimen includes naproxen, Norco, transdermal creams, Lyrica, Celebrex, lidocaine patch. She has been referred for a psychological clearance evaluation for spinal cord stimulator trial. The request is for Spinal Cord Stimulator (SCS) trial for a total for two leads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator (SCS) trial for a total for two leads: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation CA MTUS; PP 105-107, 2010 Revision, Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain, spinal cord stimulators (SCS).

Decision rationale: Per the MTUS spinal cord stimulators are recommended only for selected patients for specific conditions and in cases when less invasive procedures have failed or are contraindicated Spinal cord stimulators (SCS) are indicated for selected patients with Complex Regional Pain Syndrome (CRPS). Per the ODG Indications for stimulator implantation include Complex Regional Pain Syndrome (CRPS) when all of the following are present: 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; There are no contraindications to a trial; Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. The injured worker presents with a complex pain picture and appears to have failed conventional therapy including physical therapy, use of anticonvulsant /antidepressant medications and TENS treatments. It appears she is a good candidate for trial of Spinal cord stimulator based on the guidelines and the request for Spinal Cord Stimulator (SCS) trial for a total for two leads is therefore medically necessary.