

Case Number:	CM14-0197358		
Date Assigned:	12/05/2014	Date of Injury:	02/08/2008
Decision Date:	01/31/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/24/2014

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 Minnesota. 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 39-year-old female with an injury date of 2/8/2008. She developed a complex regional pain syndrome involving the right upper extremity requiring implantation of a spinal cord stimulator. Documentation indicates that this has been very effective in controlling the symptoms. She also has chronic neck and back pain. There is a history of one prior revision of the pocket due to infection. She has chronic discomfort over the current implantable pulse generator pocket. The provider has documented neuroma formation and allodynia over the pocket. He has followed this for several months and has documented worsening of the symptoms and need for revision surgery. The provider has suggested revision of the implant pocket to the lateral thigh from the current location in the buttock. This was noncertified by utilization review as there are no guidelines for this indication. However, the patient is very uncomfortable with the location of the implant and the UR decision was appealed and again noncertified. Another request pertains to a trigger point injection which was noncertified as it does not meet MTUS chronic pain guideline criteria for trigger point injections. This was also appealed and again noncertified. No new information was provided. Both these issues have now been appealed to independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 revision of implanted pulse generator with transfer to implantable pulse generator from buttock to lateral thigh: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and on the Non-MTUS National Guideline Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105, 106, 107.

Decision rationale: Chronic pain treatment guidelines recommend spinal cord stimulators for selected patients in the presence of specific conditions such as complex regional pain syndrome when less invasive treatment is not effective. The guidelines indicate that individually based observational evidence should be used to demonstrate effectiveness and to determine appropriate subsequent treatment. A review of the medical records indicates that the SCS has been very effective in controlling the symptoms of CRPS. The device had to be revised on one occasion due to pocket infection. At this time pocket discomfort and neuroma formation with allodynia and local pain have persisted for several months necessitating a request for revision to the thigh from the buttock area. The request was noncertified by utilization review in light of the fact that the device is working properly and other than pocket discomfort and probable neuroma formation with allodynia, there is no other problem that would necessitate revision of the implant site. In the absence of implant dysfunction there are no guidelines supporting revision surgery. The documentation does not indicate any evidence of infection at this time. However, the provider feels that the pocket discomfort is significant and has appealed the decision of utilization review. In light of the fact that the patient is significantly uncomfortable with the current location of the implant and the provider has followed the patient for a length of time and documented worsening of the symptoms, I believe the provider's request to revise the pocket is appropriate and medically necessary for the comfort of the patient. The guidelines indicate treatment should not be withheld just because it is not covered by MTUS. The guidelines also indicate individually based observational evidence should be used to determine subsequent treatment. Patient comfort is paramount and as such, the request for revision of the implanted pulse generator with transfer from the buttock to the lateral thigh is appropriate and medically necessary.

1 palliative trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Page(s): 122.

Decision rationale: California MTUS chronic pain criteria for use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The symptoms have to be present for more than 3 months. Medical management therapies such as stretching exercises physical therapy, medications fail to control pain, no radiculopathy present on examination, and not more than 3-4 injections per session. No repeat injections unless greater than 50% relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. The documentation

provided does not support the presence of a trigger point with the presence of a twitch response as well as referred pain on palpation, present for more than 3 months. Based upon the guidelines, the request for trigger point injection is not supported and as such, the medical necessity of the request is not substantiated.