

Case Number:	CM14-0202096		
Date Assigned:	12/12/2014	Date of Injury:	05/01/2013
Decision Date:	02/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/03/2014

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 47-year-old male with a reported date of injury of 5/1/2013. The mechanism of injury was a direct blow to the right elbow from hitting a bar while attempting to sit in the driver's seat. Per progress report dated 10/23/2014 he was complaining of numbness and tingling in the hand. Electrodiagnostic studies were negative. He had severe pain for which he was taking Lyrica and Norco. There was hypersensitivity to light touch in the right upper extremity. The injured worker was continuing to experience severe pain in his neck and right upper extremity with the diagnosis of complex regional pain syndrome. He was complaining of numbness and tingling in the hand. Electrodiagnostic studies were negative. He was taking Lyrica and Norco for severe pain. There was hypersensitivity to light touch in the right upper extremity. It was beginning to spread to his left upper extremity. A sympathetic block was very helpful for 48 hours but subsequent sympathetic blocks were not successful. A trial of a spinal cord stimulator was requested. Examination findings on that day included severe pain in the cervical spine with flexion and extension as well as lateral flexion to the right and left and rotation to the right and left. There was some limitation of motion noted. Spasm was noted in bilateral upper trapezius musculature. Marked intention tremor of the right upper extremity was noted with palpation of the neck and right upper extremity as well as with range of motion of the cervical spine. Elbow range of motion was 0-120 with complaints of marked pain at end range flexion. Strength was 3/5 in the right upper extremity compared to 5/5 in the left. No trophic changes were documented. The diagnosis was contusion cervical spine and right upper extremity, CRPS right upper extremity, spasm, cervical strain, and cervical degenerative disc disease. An orthopedic consultation dated 8/28/2014 indicated no swelling in the right elbow, normal contour and normal carrying angle, no ecchymosis or erythema in the skin and no well localized tenderness to palpation. He was hypersensitivity to light touch diffusely about the

elbow but the pain appeared to be centralized at the medial epicondyle. Neurologic examination of the upper extremities was intact. A vascular examination was also normal. The impression was contusion cervical spine, right arm. The examiner opined that the injured worker was not a candidate for any surgical intervention. He clearly had pain behavior and chronic pain. Therefore evaluation by a pain management physician was advised. He did not document any objective evidence of CRPS. No trophic changes were noted in the right upper extremity. He did not advise a bone scan for confirmation. A request for spinal cord stimulator was noncertified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial, right upper extremity QTY: 1.00: Upheld

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 Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome Page(s): 35-41.

Decision rationale: Chronic pain medical treatment guidelines indicate that the diagnosis of CRPS should include clinical evidence of edema, changes in skin blood flow, or abnormal sudomotor activity. In addition to the continuing pain disproportionate to the inciting event, 1 symptom from each of the following 4 categories and one physical finding from 2 of the following 4 categories is recommended. A: Hyperesthesia B: sudomotor/edema: Edema or sweating changes or dysfunction or trophic changes: hair, nails, skin. The Harden criteria have updated these with the following 4: Continuing pain, muscle report at least 1 symptom in 3 of the 4 following categories: Hyperesthesia and/or allodynia, vasomotor, pseudomotor/edema, motor/trophic and must display at least 1 sign at time of evaluation in 2 or more of the following categories: A: Sensory: Hyperalgesia to pinprick and/or allodynia to light touch and/or temperature sensation and/or deep somatic pressure and/or joint involvement; B: vasomotor, evidence of temperature asymmetry, skin color changes C: sudomotor/edema evidence of edema and/or sweating changes and/or sweating asymmetry D: Motor/trophic evidence of decreased range of motion and/or motor dysfunction or trophic changes in the skin, hair, and nails. A three-phase bone scan is usually recommended for confirmation of CRPS. The diagnosis of CRPS is in doubt and the orthopedic consultation did not confirm the presence of CRPS. No objective findings of CRPS were documented. Psychological treatment focused on the improved quality of life, development of pain coping skills, cognitive behavior therapy and clinical psychological assessment is not documented. As such, particularly with the history of failed sympathetic blocks, the diagnosis is in doubt and a trial of spinal cord stimulator is not supported by guidelines and as such, the medical necessity is not substantiated.