

Case Number:	CM14-0214444		
Date Assigned:	02/09/2015	Date of Injury:	06/24/2011
Decision Date:	04/01/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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

Certification(s)/Specialty: Orthopedic Surgery

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 female, who sustained an industrial injury on 6/24/2011. She has reported shoulder pain, spreading down to fingers associated with numbness. The diagnoses have included opioid type dependence, Chronic Regional Pain Syndrome (CRPS), carpal tunnel syndrome, bursitis/tendinitis right shoulder and wrist, and lateral epicondylitis of right elbow. Treatment to date has included status post carpal tunnel release 2012, nerve blocks to right shoulder, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), topical, narcotic, physical therapy, acupuncture and home exercise. Currently, the IW complains of right shoulder and arm pain rated 4/10 VAS, described as sharp, throbbing, electricity and pins and needles. On 12/26/14, physical examination documented 4+ spasms to shoulder, elbow, and wrist/hands, with tenderness. The scheduled stellate ganglion block 11/19/14 was reported to decrease swelling and trembling for three weeks, and another block was being considered. The plan of care included a psychological evaluation and to continue work restriction. On 12/8/2014 Utilization Review non-certified a spinal cord stimulator trial with fluoroscopy and sedation, noting the documentation failed to support previous conservative treatment failed. The MTUS Guidelines were cited. On 12/22/2014, the injured worker submitted an application for IMR for review of spinal cord stimulator trial with fluoroscopy and sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial with fluoroscopy and sedation for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulation Page(s): 105-107.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 105-107 states that it is recommended only for selected patients when less invasive procedures have failed or are contraindicated for specific conditions and when there is a successful temporary trial. Those conditions are as stated below. Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70 - 90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) Post amputation pain (phantom limb pain), 68% success rate. Post herpetic neuralgia, 90% success rate. Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury) Pain associated with multiple sclerosis. Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. In this case, the exam note from 12/26/14 does not demonstrate any of the above indications as being satisfied or lesser invasive procedures have been attempted. Therefore, the determination is for non-certification.