

Case Number:	CM15-0003764		
Date Assigned:	01/14/2015	Date of Injury:	04/13/2010
Decision Date:	03/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28-year-old male who reported an injury on 07/31/2011 due to cumulative trauma. His diagnoses included status post right cubital tunnel release x4, chronic right ulnar neuritis, status post ulnar nerve neuroma excision, and associated right proximal myofascial pain. His past treatments included medications and surgery. On 11/12/2014, the injured worker presented for a followup complaining of acute severe pain following a repeat bladder neck resection surgery. Treatment in office included a palliative Toradol shot as well as a small supply of Dilaudid. Physical examination findings were not provided for review. His relevant medications included Toradol 30 mg IM and Dilaudid 4 mg. The treatment plan included a pending authorization for consideration of a spinal cord stimulator trial and a psychological clearance. A rationale was not provided. A Request for Authorization form was submitted on 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: The request for a psychological clearance is not medically necessary. As the request for a spinal cord stimulator criteria was not met, the request for psychological clearance would not be indicated. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 - 107.

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

Decision rationale: The request for spinal cord stimulator trial is not medically necessary. According to the California MTUS Guidelines, indications for stimulator implantation include: failed back syndrome that is persistent in patients who have undergone at least 1 previous back operation, there should also be caution in the cervical region for implantation; complex regional pain syndrome; postamputation pain; postherpetic neuralgia; a spinal cord injury, such as dysesthesias; pain associated with multiple sclerosis; and peripheral vascular disease. The injured worker was noted to have undergone a right cubital tunnel release, repeat bladder neck resection, and ulnar neuroma excision. However, there was a lack of documentation to indicate the injured worker had failed back syndrome, complex regional pain syndrome, had postamputation pain, had postherpetic neuralgia, had spinal cord injury dysesthesias, had pain associated with multiple sclerosis, or peripheral vascular disease. In the absence of the above for indications for stimulator implantation, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.