MAXIMUS Federal Services

Case Number:	CM15-0004017		
Date Assigned:	01/14/2015	Date of Injury:	06/30/2011
Decision Date:	03/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 35 year old female, who sustained a work related injury on June 30, 2011, after loading a bag of products and injuring her right wrist. Treatments included occupational therapy, splinting, cortisone injections, medications, acupuncture and surgery. She underwent right wrist arthroscopic surgery on April 12, 2012 and a second arthroscopic surgery on June 4, 2014. The injured worker was diagnosed with reflex sympathetic dystrophy of the upper limb and hand pain. A request for a spinal cord stimulator was made for continued pain in the wrist.Utilization Review non-certified a spinal cord stimulator request on December 8, 2014, noting the CA MTUS Guidelines. Trials require psychological clearance prior to the trial. Submitted psychological records didn't address candidacy for a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, spinal cord stimulators (SCS) Page(s): 38, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators, psychological evaluations, Page(s): page(s) (105-107, 101).

Decision rationale: The request is considered not medically necessary at this time. The patient has been on multiple medications without relief of pain. She failed arthroscopic surgery. She has failed all conservative modalities of treatment. However, the patient did have a psychological evaluation which is recommended prior to a spinal cord stimulator trial, according to MTUS, but this evaluation failed to comment on the patient's ability to handle a spinal cord stimulator and if she is stable psychologically. The patient has suffered severe depression with a recent suicide attempt in 10/2014. The patient does not appear stable and would need clear documentation from a psychiatrist about the use of SCS. Therefore, the request is considered not medically necessary at this time.