

Case Number:	CM15-0136657		
Date Assigned:	07/24/2015	Date of Injury:	11/04/2010
Decision Date:	08/28/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/14/2015

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

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 47-year-old male, who sustained an industrial injury on November 4, 2010. He reported hearing a popping sound in his wrist and arm. The injured worker was currently diagnosed as having ulnar neuropathy on the right with a claw hand, carpal tunnel syndrome, C5-6 osteophytic complex resulting in spinal canal compromise and L5-S1 degenerative disc disease with possible left lower radiculopathy. Treatment to date has included diagnostic studies, acupuncture, acupressure, physical therapy, trigger point injections, stellate ganglion blocks, psychological treatment, surgery, medications and transcutaneous electrical nerve stimulation unit. On June 8, 2015, the injured worker complained of severe pain in the region of the ulnar nerve on the right side. He also complained of progressive neck pain, low back pain and upper extremity radicular pain. The treatment plan included spinal cord stimulator. On June 22, 2015, Utilization Review non-certified the request for SCS lead placement trial for right wrist, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCS lead placement trial for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulation Page(s): 105-107, 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Spinal cord stimulators (SCS).

Decision rationale: Based on the 04/06/15 progress report provided by treating physician, the patient presents with pain to right wrist, elbow and shoulder rated 8/10. The patient is status post right shoulder subscapular reconstruction 2000, TFCC Repair/Ulnar nerve Transposition May 2011, right ulnar neurolysis at elbow and right wrist 03/26/12, right ulnar nerve decompression 10/03/12, and right ulnar decompression 04/08/14. The request is for SCS Lead Placement Trial For The Right Wrist. RFA dated 06/16/15 was provided. Patient's diagnosis on 04/06/15 includes reflex sympathetic dystrophy, unspecified; carpal tunnel syndrome; lesion of ulnar nerve; pain in joint involving forearm; cervical spondylosis without myelopathy, ganglion of joint, and COAT. EMG/NCS dated 09/04/12, per 04/06/15 report "demonstrated a right cubital syndrome and right ulnar neuropathy." Treatment to date has included surgery, imaging and electrodiagnostic studies, acupuncture, acupressure, physical therapy, trigger point injections, stellate ganglion blocks, psychological treatment, TENS, and medications. Patient's medications include Norco, Viagra, and Mobic. The patient is temporarily totally disabled, per 05/18/15 report. MTUS Chronic Pain Treatment Guidelines page 105 to 107, Under spinal cord stimulation, states, "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease. MTUS page 101 also requires psychological evaluation prior to spinal cord stimulator trial." ODG-TWC, Pain (Chronic) Chapter under Spinal cord stimulators (SCS) states: "Recommended only for selected patients for specific conditions and in cases when less invasive procedures have failed or are contraindicated (see blue criteria to be met when considering use of a spinal cord stimulator). Spinal cord stimulators (SCS) are indicated for selected patients with Complex Regional Pain Syndrome (CRPS) Type I. Indications for stimulator implantation: Complex Regional Pain Syndrome (CRPS) when all of the following are present: (1) There has been limited response to non-interventional care; (2) Psychological clearance indicates realistic expectations and clearance for the procedure; (3) There is no current evidence of substance abuse issues; (4) There are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial." Per 02/25/15 report, treater states "The referral to Neurosurgeon [REDACTED] for surgical and SCS evaluation approved. The trial needs to be performed by a neurosurgeon due to the central canal narrowing, which will likely need a laminectomy for lead placement to prevent cord compression. We have received the psychological clearance by [REDACTED]. The patient states that ever since the cervical ESI from [REDACTED] he has right sided neck pain into the right arm. He may benefit from cervical epidurals and surgical decompression." MTUS recommends a trial for spinal cord stimulator for patients with "failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease." Treater states the patient has received psychological clearance, and has a diagnosis of carpal tunnel syndrome and reflex sympathetic dystrophy, for which the trial would appear to be indicated. However, per 04/06/15 progress report, 3 Phase Bone Scan Bilateral Wrist/Hands revealed "Right wrist and hand suggestive of degenerative changes instead

of CRPS." In this case, the patient does not present with CRPS, failed back syndrome or any other diagnosis to warrant SCS trial. Furthermore, it also appears the patient may still be a surgical candidate, per 02/25/15 report. This patient does not meet the criteria recommended by MTUS or ODG for a trial of spinal cord stimulator. Therefore, the request is not medically necessary.