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| Case Number: | CM15-0145799 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 02/11/2013 |
| Decision Date: | 09/03/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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: North Carolina

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 46 year old female, who sustained an industrial injury on February 11, 2013. The injured worker reported injuring her right elbow due to striking it on a metal shelf. The injured worker was diagnosed as having complex regional pain syndrome (CRPS) upper extremity, limb pain and median nerve injury. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, stellate ganglion block, spinal cord stimulator trial and pain management. A progress note dated June 12, 2015 provides the injured worker complains of right hand pain radiating to the right upper extremity with numbness and tingling. She rates the pain 6-7 out of 10. She reports painful paresthesias in the chest when adjusting the trial spinal cord stimulator but feels it would be helpful and would like a retrial. Physical exam notes tenderness to palpation of the lumbar paraspinal area. There is right upper extremity edema, cyanosis, allodynia, decreased range of motion (ROM) and decreased grip strength. The plan includes retrial of 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 RE- trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators Page(s): 101-102.

Decision rationale: The California MTUS section on spinal cord stimulator states: 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. (Flotte, 2004) The patient has already had a trial of SCS with inadequate response and tolerance. Therefore, a retrial is not medically warranted and the request is not medically necessary.