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| Case Number: | CM15-0163273 | | |
| Date Assigned: | 08/31/2015 | Date of Injury: | 11/05/2012 |
| Decision Date: | 10/09/2015 | UR Denial Date: | 08/12/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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: Minnesota, Florida
 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 51-year-old female, who sustained an industrial injury on 11-5-2012. The mechanism of injury is unknown. The injured worker was diagnosed as having complex regional pain syndrome in the right hand and wrist, right carpal tunnel syndrome-post carpal tunnel release, left carpal tunnel syndrome and bilateral basilar joint arthritis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-27-2015, the injured worker complains of burning pain and stiffness in bilateral wrists, worse on the right. Physical examination showed the right hand is more red and purple with a weaker grip and stiffness greater on the right. The treating physician is requesting Trial of cervical dual lead spinal cord stimulator for bilateral upper extremity, psychiatric clearance, preoperative x ray, electrocardiogram and blood work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of cervical dual lead spinal cord stimulator for bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Spinal cord stimulators (SCS).

Decision rationale: CRPS is a pain syndrome of unclear pathophysiology and typically affects the hand and arm or foot and leg. The diagnosis of CRPS is a clinical diagnosis and is based on absolute and relative criteria developed by IASP in 1994. Pain and impaired function are mandatory for the diagnosis. Therefore, the goal of treatment in patients with CRPS is to relieve pain and improve function. Spinal cord stimulation has been suggested as a therapy for pain relief when other treatment modalities have failed. The exact physiological mechanism of pain relief by spinal cord stimulation in patients with CRPS is poorly understood. It has been suggested that spinal cord stimulation works through a spectrum of neurophysiological mechanisms. Although little is known about the long-term effect and complications of spinal cord stimulation, in the short-term in patients with CRPS of the upper extremity cervical lead placement is indicated. In the cervical region, the posterior epidural space is the smallest and may prevent adequate lead placement. The mobility of the cervical spine and local anatomy should restrict effectiveness and may lead to more complications. In this case, the documentation does not indicate failure of other less invasive procedures such as topical preparations and sympathetic blocks. 50% relief was reported with pharmacologic preparations and 80% relief with the blocks. Furthermore, the recommended psychological evaluation prior to the spinal cord stimulator trial has not been completed. As such, the guidelines do not support spinal cord stimulation at this stage. Therefore, the request is not medically necessary.

Psych clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov/content.aspx?id=48408.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

Decision rationale: Psychological evaluations prior to spinal cord stimulators are recommended. The psychological clearance indicates realistic expectations for the procedure. As such, the request for a psychological evaluation is appropriate and medically necessary.

Pre-operative x-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative electrocardiogram (EKG): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative blood work: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.