

Case Number:	CM15-0166218		
Date Assigned:	09/03/2015	Date of Injury:	01/13/2009
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California
 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 65-year-old female, who sustained an industrial injury on 1-13-2009, after being hit by a car. The injured worker was diagnosed as having lumbar degenerative disc disease, evidence of reflex sympathetic dystrophy, chronic regional pain syndrome, and solid fusion. Treatment to date has included diagnostics, left shoulder surgery, right shoulder surgery, lumbar spinal surgery, left knee surgery, mental health treatment, and medications. A progress report (2-03-2015) documented clearance from a psychological standpoint for trial of a percutaneous spine stimulator. Currently, the injured worker complains of discomfort in her lumbar spine. She was documented to have increased her narcotics and had decreasing function. She had a stable spine but showed significant neuropathic pain and generalized pain, which did not 100%, match any distribution. She had hypersensitivity and evidence of chronic regional pain syndrome. Exam noted pain with extension and rotation, paraspinal spasm, hypersensitivity most significant in the left lower extremity, and ambulation with a flexed lumbar spine and cane. The treatment plan included a spinal cord stimulator trial. Her work status remained total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient spinal cord stimulator trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulator Page(s): 38.

Decision rationale: Spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. SCS use has been associated with pain reduction in studies of patients with CRPS. In this case, the claimant has CRPS, failed conservative treatment and has had a psychological evaluation. The request for an SCS trial is appropriate. Therefore, the request is medically necessary.