

Case Number:	CM15-0202277		
Date Assigned:	11/03/2015	Date of Injury:	10/19/2000
Decision Date:	12/14/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37-year-old female, who sustained an industrial injury on 10-19-2000. She has reported injury to the low back. The diagnoses have included chronic pain syndrome; CRPS (complex regional pain syndrome type I); and fibromyalgia. Treatments have included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, massage therapy, physical therapy, and spinal cord stimulator placement. Medications have included Lyrica, Cymbalta, and Topamax. A progress report from the treating provider, dated 08-31-2015, documented an evaluation with the injured worker. The injured worker reported "pain all over my body" and CRPS; there is not much which helps to alleviate her pain; the pain can be burning, aching, and stabbing in nature; she reports the pain is rated at 8 out of 10 in intensity overall on the pain scale; she continues to note frequent headaches and weight loss; she reports her condition has remained stable with now new symptoms; she is awaiting authorization for replacement generator for spinal cord stimulator; her lumbar stimulator indicates the battery is in the elective replacement interval; she is not currently working; and it was recently attempted to "jump" her cervical stimulator and this attempt was unsuccessful. Objective findings included she appeared alert, oriented, and in no acute distress; there is 4 out of 5 strength noted in bilateral hip flexion; sensation to light touch and pinprick was intact in all extremities; and she declined reflex testing secondary to pain. The treatment plan has included the request for 1 replacement of spinal cord stimulator generator, lumbar. The original utilization review, dated 09-18-2015, non-certified the request for 1 replacement of spinal cord stimulator generator, lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 replacement of spinal cord stimulator generator, lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Spinal Cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: The claimant has a remote history of a work injury occurring in October 2000 when, while building materials into a truck, she struck her left knee against the bumper. She has a diagnosis of left lower extremity CRPS with reported subsequent spread to the rest of her body. She had a spinal cord stimulator implanted in 2006 and a second stimulator in 2010. When seen, she was experiencing pain throughout her whole body. Pain was rated at 7-8/10. She was continuing to take Lyrica, Cymbalta, and Topamax. Physical examination findings included a normal body mass index. There was decreased hip flexion strength. Reflex testing was declined secondary to pain. Authorization for lumbar battery replacement was requested. The lumbar stimulator was in the elective replacement interval. An excellent therapeutic benefit and relief of her CRPS symptoms is referenced. Medications were continued. In this case, the claimant uses two spinal cord stimulators. She has a diagnosis of CRPS affecting her whole body, but is reported to have a good response in terms of her lower extremity symptoms with use of her lumbar stimulator. She is not taking any opioid medications. Continued use of the lumbar stimulator is support and elective battery replacement is medically necessary before it becomes nonfunctioning.