

Case Number:	CM15-0206257		
Date Assigned:	10/23/2015	Date of Injury:	05/14/1998
Decision Date:	12/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 49-year-old who has filed a claim for chronic low back pain and alleged complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of February 14, 1998. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve requests for permanent spinal cord stimulator implantation. The claims administrator referenced a September 4, 2015 office visit in its determination. The applicant and/or applicant's attorney subsequently appealed. In a handwritten letter, undated, the applicant denied any issues with substance abuse and also stated that she had in fact undergone a precursor psychological evaluation. On an October 9, 2015 psychological evaluation, the applicant's psychologist stated that the applicant was psychologically cleared for the procedure. It was stated that the applicant was dependent on Norco. On October 7, 2015, the applicant reported ongoing issues with neck pain radiating into the bilateral upper extremities. The applicant was using Norco at a rate of 6 tablets daily, the treating provider suggested in one section of the note. The applicant was also using Prilosec, naproxen, Neurontin, and Cymbalta, it was reported. The applicant was given an operating diagnosis of right upper extremity complex regional pain syndrome. Permanent upper extremity spinal cord stimulator implantation was sought on the grounds that the applicant had demonstrated a favorable response to the same over a 5-day trial of the same. Naproxen, Prilosec, Neurontin, Cymbalta, and Norco were all prescribed. The applicant was using Norco at a rate of 6 tablets daily, the treating provider reported. The treating provider contended that the applicant's ability to perform cooking and cleaning in unspecified amounts had been ameliorated as a result of medication and/or the

spinal cord stimulator trial. The applicant still had difficulty performing activities of daily living as basic as writing and moving her shoulder, the treating provider acknowledged. The attending provider contended that the applicant was unable to lift a coffee cup prior to the spinal cord stimulator trial. The applicant's work status was not detailed. On a historical note dated November 19, 2013, the applicant stated that she was disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent Spinal Cord Stimulator Implant: Upheld

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

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

Decision rationale: No, the request for a permanent spinal cord stimulator implantation was not medically necessary, medically appropriate, or indicated here. While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that one of the indications for spinal cord stimulator implantation includes complex regional pain syndrome, i.e., the diagnosis reportedly present here, page 107 of the MTUS Chronic Pain Medical Treatment Guidelines notes that complex regional pain syndrome (CRPS) is an inherently controversial diagnosis. Here, the attending provider's October 7, 2015 office visit did not clearly state how the diagnosis of complex regional pain syndrome had been arrived upon. Page 105 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that spinal cord stimulator only be implanted on a permanent basis in applicants who have undergone a successful temporary trial, here, however, the attending provider did not establish concrete of a successful outcome during an earlier temporary trial of the spinal cord stimulator device. The applicant's work status was not reported on October 7, 2015, suggesting that the applicant was not working. A historical note dated November 19, 2013 suggested that the applicant had already been deemed disabled as of that point in time. The applicant received trigger point injections on October 7, 2015 and remained dependent on opioid agents such as Norco, which the applicant was consuming at a rate of 8 tablets daily as of October 7, 2015. It did not appear, in short, that the previous trial of a spinal cord stimulator had diminished the applicant's medication consumption, diminished the applicant's reliance on medical treatment, or effected the applicant's return to work. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of an earlier spinal cord stimulator trial. It did not appear, thus, that the applicant would stand to gain from permanent implantation of the same. Therefore, the request is not medically necessary.