

Case Number:	CM15-0209433		
Date Assigned:	10/28/2015	Date of Injury:	09/18/2014
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/23/2015

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: Montana, Oregon, Idaho
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 52 year old male, who sustained an industrial injury on 9-18-2014. Medical records indicate the worker is undergoing treatment for complex regional pain syndrome of the right hand. A recent progress report dated 9-16-2015, reported the injured worker complained of hand pain, worse in the mornings. Physical examination revealed diffuse edema in the right hand with diffuse atrophy, mottling and limited range of motion. Treatment to date has included a stellate ganglion block with positive pain relief, occupational therapy, Norco and Neurontin. The physician is requesting a spinal cord stimulator trial. On 9-22-2015, the Utilization Review non-certified the request for a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCS (spinal cord stimulator) trial: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 106-107 states that it is recommended only for selected patients when less invasive procedures have failed or are contraindicated for specific conditions and when there is a successful temporary trial. Those conditions are as stated below. 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. The ODG pain section recommends the following criteria: Indications for stimulator implantation: Complex Regional Pain Syndrome (CRPS) when all of the following are present: (1) There has been limited response to non-interventional care; (2) Psychological clearance indicates realistic expectations and clearance for the procedure; (3) There is no current evidence of substance abuse issues; (4) There are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. For use in failed back surgery syndrome (FBSS), see the Low Back Chapter. For average hospital LOS if criteria are met, see Hospital length of stay (LOS). In this case, the worker is 52 years old and was injured in 2014. He carries the diagnosis of CRPS of the right hand with documented objective findings. There is however no reports in the submitted documentation whether the worker has been screened for substance abuse or has had psychological clearance. Therefore, based on the guidelines, the request is not medically necessary.