MAXIMUS Federal Services

Case Number:	CM15-0210672		
Date Assigned:	10/29/2015	Date of Injury:	10/14/1993
Decision Date:	12/17/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/26/2015

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: California, North Carolina
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 41 year old female with an industrial injury date of 10-14-1993. Medical record review indicates she is being treated for reflex sympathetic dystrophy of the upper limb, intervertebral disc disorders, chronic pain due to trauma, encounter for long term use of other medications, displacement of lumbar intervertebral disc without myelopathy, injury to dorsal nerve root and mood disorder. The injured worker presented on 08-26-2015 for follow up. The treating physician noted the injured worker was an appropriate candidate for spinal cord stimulator. Psych evaluation was done on 06-30-2015 for spinal cord stimulation surgery. Pain rating is documented at worst as 7, least as 4, average of 5 and initial 6. Associated complaints included numbness and tingling right fingers and right leg. Medications (08-26-2015) included Methadone, Clonazepam, Baclofen, Dilaudid, MSIR, Vitamin D and Toradol. Prior treatment included analgesics, injections, blocks, splint, brace, water therapy, myofascial trigger point release therapy, psychiatric treatment, biofeedback, acupuncture, hand and wrist therapy and TENS unit. Physical exam noted nail changes to right hand and foot, flakey hair changes to right forearm, slight edema to radial wrist and few dime size patches of purple skin discoloration. Exam of right upper extremity noted dry, rough skin. Swelling and purplish color or right (greater than left) hand was also noted. Allodynia to right upper extremity and right lower extremity including foot was noted. On 10-14-2015 the request for spinal cord stimulator trial was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCS (spinal cord stimulator) trail: Overturned

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): Spinal cord stimulators (SCS).

Decision rationale: This claimant is a 41 year-old woman with a date of injury of 10/14/1993. She has been diagnosed with reflex sympathetic dystrophy, or CRPS, of the upper extremity, as well as intervertebral disc disorder and chronic pain. The request is for a spinal cord stimulator (SCS) trial. SCS are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Limited evidence provides support for SCS for CRPS. When used for CRPS, there is a 70-90% success rate with SCS, at 14-41 months after surgery. In this case, the patient has a well-established diagnosis of CRPS, with subjective and objective findings to support the diagnosis. The UR denial states that the location of pain was not documented; however, the medical records contain a diagram showing the location and radiation of pain. In addition, the UR states there is no clear documentation of the patient's pain, however the records show consistent pain documentation. The patient has clearly exhausted all reasonable conservative measures as noted above, and at this point the SCS trial is her best option and is clearly indicated and medically necessary and appropriate.