MAXIMUS Federal Services

Case Number:	CM15-0218185		
Date Assigned:	11/10/2015	Date of Injury:	03/04/2010
Decision Date:	12/22/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/04/2015

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 was a 66 year old female, who sustained an industrial injury, March 4, 2010. The injured worker was undergoing treatment for complex regional pain syndrome of the left lower extremity, complete rotator cuff tear or rupture of the left shoulder, reflex sympathetic dystrophy of the arm and fractures of the metatarsus. The injured worker reported the pain was out of control. The injured worker reported feeling miserable and not feeling well at all. The injured worker reported being very depressed and wanted off pain medication nevertheless. The objective of the left lower extremity noted positive for erythema and mild edema. There was good range of motion to the medal ankle. According to progress note of October 13, 2015; the injured worker's chief complaint was left shoulder and increased weakness over the past 6 months with unknown etiology of the left lower extremity. The injured worker previously received the following treatments current mediations were Oxycodone 5mg, Horizant, Topamax, and topical pain gel, rotator cuff surgery January 27, 2015 with 12 sessions of Physical therapy. The RFA (request for authorization) dated the following treatments were requested a re-evaluation for SCS (spinal cord stimulator) stimulator lead placement. The UR (utilization review board) denied certification on October 27, 2015; for a re-evaluation for SCS (spinal cord stimulator) stimulator lead placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation of SCS (spinal cord stimulator) lead placement: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal cord stimulators (SCS).

Decision rationale: The claimant sustained a work injury in March 2010 when a car ran over her left foot. Injuries included a severely comminuted Lisfranc fracture treated with a case. She developed CRPS for the left lower extremity and has a spinal cord stimulator, which was implanted on January 2013. The stimulator worked well until there were problems with recharging the battery and a revision as done in February 2014. Although the spinal cord stimulator is working including decreasing pain from 10/10 to 5-8/10 and being used continuously, the claimant finds that she is hunched over when the device is on if she makes any movement or when she exercises. She was seen in September 2015 and there had been improvement after the stimulator had been reprogrammed. She remained concerned and a CT scan and x-rays were requested. Physical therapy for strengthening was recommended. Follow-up was planned after this was completed. When seen by the requesting provider, she was having increasing left lower extremity weakness over the past 6 months. She felt nauseous and was having symptoms of withdrawal. She wanted to be off of all pain medications. Physical examination findings were consistent with her diagnosis of CRPS. OxyContin was discontinued. Follow-up for an evaluation of her stimulator is being requested. In this case, the claimant is already using a spinal cord stimulator. She had benefit from use including providing pain control. She has concerns about the functioning of the stimulator and her pain is now poorly controlled. A re-evaluation of the stimulator is medically necessary. The effect of spinal cord stimulation has been reported as appearing to end at approximately three years after placement. An alternate explanation may be movement of the leads or failure at the interface with the generator. There appears to be some temporal association with the revision done in 2014. Determining whether there is a malfunction in the device or leads or whether the device needs to be reprogrammed is medically necessary.