

Case Number:	CM15-0039666		
Date Assigned:	03/09/2015	Date of Injury:	11/13/2007
Decision Date:	04/13/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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

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 67-year-old female patient, who sustained an industrial injury on 11/13/2007. On 03/02/2015, the injured worker submitted an application for independent medical review of services requested. A primary treating office visit dated 12/09/2014 reported chief complaint of left wrist pain, reflex sympathetic dystrophy (RSD) (upper extremity). The patient states her medications helpful and well tolerated. She is able to function with activities of daily living with medication regimen. Nucynta ER really helps to decrease her chronic pain caused by RSD. She takes Norco for her breakthrough low back and wrist pains. She also gets some relief from the use of Lidoderm patch and Voltaren gel. Gabapentin is also beneficial with decreasing her pain. They were all refilled this visit. The patient does wear a left wrist brace with good effect. Objective assessment found no concern for over sedation or misuse of medication. She is noted with hyperesthesia of the left hand, reduced range of motion with supination and pronation of left upper extremity and atrophy of thenar eminence. Impression and recommendation noted chronic pain syndrome, myalgia and myositis, unspecified, RSD and wrist pain. A depression inventory was assessed and found a score of 4, indicating minimal depression; with note the patient states she's not interested in seeing anyone at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psych clearance for SCS trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 38, 101, 105-107 of 127.

Decision rationale: Regarding the request for psych clearance for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, it does not appear that all invasive procedures have failed, as there is no evidence that the patient has undergone sympathetic blocks. In the absence of such documentation, the currently requested psych clearance for a spinal cord stimulator trial is not medically necessary.