

Case Number:	CM15-0084509		
Date Assigned:	05/06/2015	Date of Injury:	03/02/2012
Decision Date:	06/05/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/02/2015

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: Illinois, California, Texas
 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 40-year-old female who sustained an industrial injury on 3/02/12. Past surgical history was positive for right knee arthroscopic partial meniscectomy on 4/20/12 and right knee ACL reconstruction in 11/2012. She was diagnosed with post-surgical right lower extremity reflex sympathetic dystrophy. Records documented an initial spinal cord stimulator trial in July 2013 with a reported reduction in pain level and ability to walk better with less right lower extremity sensitivity. She underwent implantation of a spinal cord stimulator on 12/3/13. The injured worker indicated that she had increased pain and the stimulator was not helping her. There was documentation that she was not using the programmer correctly and education was provided. A revision of the spinal cord stimulator was performed on 2/4/14. There was documentation of limited benefit and reprogramming. As of 4/28/14, she was reporting 30-40% relief of her back and hip pain, but not her knee/thigh pain. Records documented on-going medications without reduction, and decreased function with requests noted for an electric wheelchair. A trial of intrathecal pump was recommended. Records documented Demerol and fentanyl injections at office visits, and a 3/19/15 request for cognitive behavioral therapy and biofeedback sessions. The 3/31/15 treating physician report cited constant back and right knee pain. Pain was reported average grade 5/10, and currently 9/10. Pain was worse with bending, changing position, and increased activity and movement. Pain was better with injections, medications, and resting. Associated symptoms included difficulty staying asleep due to pain, feeling blue all the time, frustrated because of pain, and muscle cramps. The injured worker used a cane for ambulation. The diagnosis included internal derangement knee, lower extremity

complex regional pain syndrome type II, chronic pain due to trauma, and chronic post-op pain. Current medications included Klonopin, Trazodone, Lyrica, Morphine ER, Venlafaxine ER and Relistor. Current medications were not providing adequate pain relief. She had started Embeda at 50% dosage of previous morphine requirements however she was still complaining of significant breakthrough pain on this dosage and adjustments were being made. Treatment plan included spinal cord stimulator and medications. She also received an injection of Meperidine 150 mg during the visit. Authorization as requested for spinal cord stimulator revision with possible replacement of the generator. A new generator would be needed to obtain coverage on the contralateral lower extremity and upper extremities. Complex regional pain syndrome of the right lower extremity was reported secondary to surgery, and had spread via neuroplasty to the contralateral and now upper extremities. The 4/17/15 utilization review non-certified the request for spinal cord stimulator revision and possible generator replacement as there was no indication of improvement during the spinal cord stimulator trial with no evidence that medications had been decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient spinal cord stimulator revision with possible replacement of generator with Boston Scientific: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) opioids Page(s): 105-107, 80-81, 95-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have not been met. This patient was diagnosed with right lower extremity CRPS following right knee surgeries. She has been using a permanent spinal cord stimulator since 12/3/13 with no evidence of reduction in pain medications or improvement in functional ability. This request for revision is to treat pain complaints in all four extremities which would not be consistent with guidelines. Therefore, this request is not medically necessary.