

Case Number:	CM14-0138039		
Date Assigned:	09/05/2014	Date of Injury:	07/12/2010
Decision Date:	10/09/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39-year-old female who reported injury on 07/12/2010. The mechanism of injury was a motor vehicle accident. The surgical procedures included the spinal cord stimulator for the bilateral upper extremities and lower extremities. The documentation of 07/02/2014 from the psychiatrist revealed the injured worker had an angry, frustrated, irritable, concerned, and depressed mood. The injured worker was noted to be socially withdrawn. The injured worker had poorly controlled feelings. The diagnosis included mood disorder secondary to a medical condition and bipolar disorder NOS. The documentation of 07/22/2014 revealed the injured worker was being followed up for complex regional pain syndrome, affecting the bilateral upper and lower extremities, to include her face. The injured worker indicated she could not taper down on her opiates. The injured worker had attended a functional rehabilitation program, but indicated she did not trust them. The documentation indicated a request for 1 lead stimulator trial of cover the left foot plantar aspect was discussed at the last visit; and there was no official Request for Authorization. The physician documented, therefore, it would be re-sent at the visit. The injured worker was noted to have run out of Trileptal for 7 days, and the injured worker had a failure to contact the office for a refill request. Trileptal was noted to be used to treat the stabbing pain associated with the use of the upper extremity spinal cord stimulator. The injured worker had been treated with a cervical spine stimulator and a lumbar spine stimulator. The injured worker indicated she felt her pain remained that of burning and on fire. The injured worker had pain to the bilateral upper and lower extremities. The injured worker indicated that she felt that she had a spreading of allodynic pain throughout the incisional scars. The injured worker had stabbing pain associated with the upper extremity spinal cord stimulator being on. The injured worker reported approximately 40% to 50% pain relief. The documentation indicated the injured worker was being followed by a psychiatrist and remained depressed. The

injured worker's medication included levorphanol 2 mg, 1 to 3 tablets 3 times a day; Wellbutrin XL 150 mg in the morning; Trileptal 150 mg, 1 every morning and 2 at bedtime; Topamax 50 mg in the morning and 100 mg at bedtime; Cymbalta 60 mg twice a day; metformin 500 mg twice a day; Lamictal 100 mg, 2 tablets twice a day; risperidone 1 mg twice a day; Singulair daily; Allegra daily; Ativan as needed for uncontrollable shaking; and lidocaine, and a topical cream. The physical examination revealed the injured worker was using a rollator walker and appeared to have lost some weight. The strength was at least anti-gravity and anti-resistant throughout the upper extremities. The range of motion was full in all major joints. There was a mild mottling, equal and symmetric throughout the upper extremities, with tattoos over the forearms. There was no piloerection. There was no hair or nail change. The treatment plan included a restart of the Trileptal with 150 in the morning and 300 at night, and a stimulator trial to cover the plantar aspect of the feet due to the severity of pain. There was a Request for Authorization for the spinal cord stimulator trial. The other therapies were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulator).

Decision rationale: The California MTUS Guidelines recommend spinal cord stimulators for injured workers with complex regional pain syndrome. Additionally, they indicate that a psychological evaluation is recommended prior to a spinal cord stimulator trial. While it was noted that the injured worker had an upper extremity spinal cord stimulator and a lower extremity spinal cord stimulator, the clinical documentation indicated the injured worker's mood continued to be irritable and angry, and there was a lack of documentation indicating the injured worker had been cleared by the psychiatrist to utilize the spinal cord stimulator lead. The request as submitted failed to indicate the body part to be treated with the spinal cord stimulator trial. Given the above, the request for spinal cord stimulator trial is not medically necessary.