

Case Number:	CM14-0161600		
Date Assigned:	10/07/2014	Date of Injury:	02/14/2002
Decision Date:	11/07/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/02/2014

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 California. 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:

This is a 53 year old claimant with reported industrial injury of 2/14/02. Claimant has a report of complex regional pain syndrome. Exam note 4/26/13 demonstrates low back pain with nontender IPG (Implantable Pulse Generator) in the left gluteus musculature which is nontender. Exam note on 11/14/13 demonstrates complaints of low back pain and lower extremity pain. Report states that patient benefits from combination of pain medication and spinal cord stimulation. Exam noted 8/26/14 demonstrates complaints of left arm, left leg and facial pain. Exam demonstrates surgical scar noted over the cervicothoracic region. Diagnosis is made of complex regional pain syndrome status post spinal cord stimulator placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator, IPG (Implantable Pulse Generator) Replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS (Complex Regional Pain Syndrome), Spinal Cord Stimulators Page(s): 38-39.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, CRPS, Spinal cord stimulators, pages 38-39 state that spinal cord stimulators are a cost-effective treatment for CRPS-I over the long term. Permanent pain relief with CRPS-I can be attained under long term SCS (spinal cord stimulator) therapy combined with physical therapy. In this case however, there is insufficient evidence to support removal of the prior spinal cord stimulator from the exam note of 8/26/14. Therefore the determination is for non-certification.

Pre-Op Medical Clearance (H&P, Labs, EKG, Chest X-ray): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Genetic Metabolism Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: CA MTUS/ACOEM is silent on issue of urinalysis and DNA collection. Per the ODG, Pain (Chronic) section, genetic testing for potential opioid abuse is not recommended. Guidelines report that these tests are experimental and studies are inconsistent with inadequate statistics and large phenotype range. As guidelines above do not recommend genetic testing for opioid abuse the determination is for non-certification.

Generic Opioids Risk Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: CA MTUS/ACOEM is silent on issue of urinalysis and DNA collection. Per the ODG, Pain (Chronic) section, genetic testing for potential opioid abuse is not recommended. Guidelines report that these tests are experimental and studies are inconsistent with inadequate statistics and large phenotype range. As guidelines above do not recommend genetic testing for opioid abuse the determination is for non-certification.

