

Case Number:	CM14-0094973		
Date Assigned:	09/15/2014	Date of Injury:	05/01/2013
Decision Date:	10/15/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/23/2014

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 Orthopaedic 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 47-year-old male bus driver sustained an industrial injury on 5/1/13. Injury occurred when he struck his right elbow against a tension bar. The patient was diagnosed with right upper extremity complex regional pain syndrome type II of the right radial nerve with cervical and right elbow pain. Prior treatments included elbow band, physical therapy, medications, ice/heat, TENS unit, Norco, Cymbalta, and 6 sympathetic blocks. A left stellate ganglion block was performed on 2/26/14 and decreased pain from 9/10 to 3-4/10, decreased tremulousness, and improved right upper extremity activity. The 6/10/14 treating physician report cited a resurgence of severe pain in the right upper extremity primarily at the elbow, posterior shoulder, and neck. The dosage of Norco was increased and Lyrica provided mild relief. Physical exam noted allodynia over the right elbow, right posterior neck and shoulder. Elbow range of motion was 0-100 degrees. Depressed affect and mood, irritability, poor sleep, and anorexia were documented. The treating physician noted recent AME recommendations for updated cervical and right elbow MRIs and orthopedic evaluation. The treating physician stated that it was highly unlikely that any surgeon would want to provide surgery to these sites of pain. A spinal cord stimulator would be helpful to control the patient's perception of pain and allow better functional activity. A psychiatric evaluation would be required as the patient was depressed, and psychological treatment was recommended for 8 sessions. A request for consultation and treatment for spinal cord stimulator was submitted. The 6/23/14 utilization review approved the request for consultation for a spinal cord stimulator but denied the request for treatment with a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment with [REDACTED] for spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (updated 05/15/14) Splinting (padding)

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend the use of spinal cord stimulators (SCS) only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions including complex regional pain syndrome. Permanent implantation is recommended following a successful trial. A psychological evaluation is recommended prior to placement of the spinal cord stimulator. Guideline criteria have not been met. This patient is reported with psychological symptoms with a current request for evaluation and treatment documented. There is no evidence that psychological clearance has been provided for a spinal cord stimulator trial. The 6/23/14 utilization review certified a consultation to assess candidacy for a spinal cord stimulator. There is no compelling reason to support the medical necessity of treatment with spinal cord stimulation at this time. Therefore, this request is not medically necessary.