MAXIMUS Federal Services

Case Number:	CM14-0094981		
Date Assigned:	09/15/2014	Date of Injury:	07/05/2000
Decision Date:	10/15/2014	UR Denial Date:	06/11/2014
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 Occupational Medicine and is licensed to practice in Colorado. 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 injured worker is a 49 year old female with an injury when she was carrying a tray while going down stairs; she slipped and fell landing on right knee. She subsequently underwent surgery but did not improve and was later diagnosed with complex regional pain syndrome. She has failed all conservative treatment measures to include physical therapy, aqua therapy, acupuncture, pain management, psychological counseling, and multiple medications. She has continued to have very high levels of pain. The most recent clinic note reflects complaint of low back pain and bilateral leg pain. Clinical exam reflects lumbar tenderness with decreased trunk motion and lower extremity tenderness with hypersensitivity. Motor strength is 5/5 and hypersensitivity in the lower extremities and left arm. A request for spinal cord stimulator trial was denied due to lack of psychiatric clearance. As of 6/11/14, psychiatric clearance has still not been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spinal Cord Stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS). Decision based on Non-MTUS Citation Mailis-Gagnon-Cochrane, 2004; Kemler, 2004; Kemler, 2000

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 111.

Decision rationale: This is a 14 year old injury with no indication of any significant change in condition. While there is a diagnosis of complex regional pain syndrome, the records do not reflect testing or consistent diagnostic findings to substantiate the diagnosis (stellate ganglion blocks, thermo gram, triple phase bone scan, etc.). The clinical findings reported do not support complex regional pain syndrome diagnosis. The distribution of the symptoms (bilateral legs and left arm) is not amenable to resolution by use of a spinal cord stimulator. As previously noted, there has been no psychological evaluation to assess suitability of the injured worker. According to the Chronic Pain Medical Treatment Guidelines, the request for 1 Spinal Cord Stimulator trial is not medically necessary.

1 prescription of Dilaudid 4 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Benzon, 2005

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids Page(s): 80.

Decision rationale: The medical records provided do not reflect any effectiveness of the ongoing use of this medication. The medical treatment guidelines note that documentation of adequate analgesia effect should be noted as well as functional improvement, aberrant behavior or adverse effects. The medical records of 8/27/14 reflect no improvement in pain (reported 9/10) and no documentation of improved function or adverse effects. Thus, ongoing use is not supported. The requested 1 prescription of Dilaudid 4 mg, #90 is not medically necessary.