

Case Number:	CM14-0215583		
Date Assigned:	01/05/2015	Date of Injury:	02/22/2010
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 52 year old female with an injury date of 02/22/10. Based on the 09/15/14 progress report provided by treating physician, the patient complains of hypersensitivity in both shoulders radiating to upper extremity. The patient is status-post left shoulder surgery 05/16/14. Physical examination of the shoulders revealed tenderness to palpation of the supraspinatus and the infraspinatus. Range of motion was decreased, especially on abduction 60 degrees. Patient underwent left T2 and T3 sympathetic ganglion block 05/02/14. Patient has completed 5 sessions of physical therapy. Patient's current medications include Lidoderm 5%, Hydrocodone/APAP, Zolpidem. Per treater's report dated 09/15/14, the patient to remain off of work. Diagnosis (09/15/14)- Complex regional pain syndrome, type II, upper limb- Enthesopathy of elbow region- Shoulder joint pain The utilization review determination being challenged is dated 12/12/14. The rationale follows: "the patient has not passed a satisfactory psychological clearance." Treatment reports were provided from 06/09/14 to 09/15/14.

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 stimulators (SCS) Page(s): 105-106.

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

Decision rationale: The patient presents with hypersensitivity in both shoulders radiating to upper extremity. The request is for spinal cord stimulator trial. Patient underwent left T2 and T3 sympathetic ganglion block 05/02/14. Patient has completed 5 sessions of physical therapy. Patient's current medications include Lidoderm 5%, Hydrocodone/APAP, Zolpidem. Patient is not working. The MTUS Guidelines pages 105 to 107 under spinal cord stimulation states, "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial. MTUS page 101 also recommends psychological evaluation prior to a spinal cord stimulation trial. Per progress report dated 06/23/14, the treater states the reason for the request is "Complex Regional Pain Syndrome is a very enigmatic and difficult diagnosis to treat. Once chronic, the best treatment option usually is a spinal cord stimulator." Treater also states, "At this point, we have tried all conservative measures including physical therapy, diagnostic and therapeutic injections, and medications." However, treater does not state these treatments have failed the patient. On the contrary, in progress report dated 09/15/14, treater states the patient has completed 5 sessions of physical therapy with definite progress underwent sympathetic ganglion block that decreased symptoms and has better mobility and use of left upper extremity, and meds continue to benefit with no side effects that provide functional gains. Furthermore, the patient has not had a psychological evaluation to be cleared for a trial. The patient is not a suitable candidate as indicated per guidelines. Therefore, the request is not medically necessary.