MAXIMUS Federal Services

Case Number:	CM14-0218121		
Date Assigned:	01/07/2015	Date of Injury:	03/17/2011
Decision Date:	03/06/2015	UR Denial Date:	12/08/2014
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:

This is a 55 year old male with a work related injury dated 03/17/2011 where he suffered an amputation to the right second through fifth digits. According to a primary physician's progress report dated 12/01/2014, the injured worker presented with complaints of some triggering of the left index femur and phantom pain in the right hand. It noted that he is very satisfied with the results of surgery on his left hand including A1 pulley release and radial sagittal band reconstruction of the middle finger. According to a pain consultation report dated 11/11/2014, diagnosis was listed as possible phantom limb pain. Additional treatments have consisted of heat, ganglion blocks which did not help with the pain, and medications. The report also references a recommended one week trial of a spinal cord stimulator, specifically a dorsal column stimulator, but no records showing if and when this was performed. Diagnostic testing included electromyography/nerve conduction studies on 08/24/2012 which showed evidence of mild right carpal tunnel syndrome. Work status is noted as total temporary disability.On 12/05/2014, Utilization Review non-certified the request for Spinal Cord Stimulator citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated there was no documentation of psychological screening and clearance for a spinal cord stimulator trial. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators Page(s): 127.

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

Decision rationale: The patient presents with phantom limb pain, rated 03/10, secondary to industrial accident. Patient is status-post right index, middle ring, and small finger amputations. Patient's medications include Lyrica, Sentra PM, and Trazodone HCL. The patient's increase in Lyrica has decreased severity of his symptoms particularly at night. In addition, the combination of Trazodone with Sentra PM allows the patient to obtain approximately six hours of sleep. The patient has been treated with stellate ganglion block injections on 03/14/14, 05/30/14, and 06/06/14 with 0% relief. Per QME report dated 07/21/14, the patient has undergone 12 acupuncture treatments and felt significant improvement in the numbness in his hand. Per psychiatric reevaluation report dated 10/20/14, the Hamilton Depression Rating Scale and the Hamilton Anxiety Rating Scale were administered and the evaluation was in compliance with the guidelines. Patient is totally temporarily disabled.MTUS Guidelines page 105 to 107 states that spinal cord stimulation is "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulatorimplantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia,spinal cord injury dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. MTUS page 101 states that psychological evaluation is "recommended pre-intrathecal drug delivery systems and spinal cord stimulator trial."In this case, the patient is suffering from phantom limb pain and has been treated with stellate ganglion block injections with 0% efficacy. The patient has also undergone successful and compliant psychiatric evaluation. In review of medical records, it does not appear that the patient has previously been treated with spinal cord stimulator trial. However, per the progress report dated 12/01/14, the patient's increase in Lyrica has decreased severity of his symptoms particularly at night. In addition, the combination of Trazodone with Sentra PM allows the patient to obtain approximately six hours of sleep. Furthermore, Per QME report dated 07/21/14, the patient has undergone 12 acupuncture treatments and reported significant improvement in the numbness in his hand. In this case, It appears that the patient continues to benefit from less invasive procedures and medications with no side effects. Most importantly, the patient only has 3/10 pain. It is not known why the treater would consider such an invasive procedure for 3/10 pain. Conservative treatments appear to be effective in controlling the patient's symptoms. The request IS NOT medically necessary.