

Case Number:	CM15-0003621		
Date Assigned:	01/14/2015	Date of Injury:	01/30/2013
Decision Date:	03/23/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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, Arizona
 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 injured worker is a 30-year-old female who reported injury on 01/30/2013. The mechanism of injury was coaching a basketball team and the injured worker tore her anterior cruciate ligament. The injured worker underwent anterior cruciate ligament reconstruction. The injured worker underwent physical therapy. The injured worker's diagnoses included neuropathic pain in the right lower extremity and reflex sympathetic dystrophy right lower extremity. The injured worker underwent a trial of a spinal cord stimulator electrode on 09/15/2014. The injured worker underwent a psychological evaluation prior to the trial. The documentation of 10/22/2014 revealed the injured worker had passed a spinal cord stimulator trial for presumed complex regional pain syndrome involving the right knee. Prior therapies included multiple nerve blocks and steroid injections in the right knee. The injured worker underwent an MRI of the thoracic and lumbar spine. The thoracic MRI revealed no stenosis or lesions in the thoracic cord. The documentation of 11/13/2014 revealed the injured worker passed a spinal cord stimulator trial and the pain was noted to be mostly in the right knee. The documentation further indicated the newest studies confirmed that the injured worker was a candidate for placement of a thoracic spinal cord stimulator. The examination of 11/21/2014 revealed the injured worker had sensation of weakness on the right leg and constant pain in the right knee. This was noted to be occasionally associated with paresthesias and burning sensation and varied in intensity. The injured worker indicated her symptoms worsened with activity and improved when she lies down. The documentation indicated the spinal cord stimulator provided adequate pain relief. The medications included Adderall 10 mg, hydroxyzine 25 mg 3 times a day, Geodon 25 mg

twice a day, Wellbutrin 150 mg, MS Contin 30 mg, and Percocet 5/325 mg 4 times a day. The physical examination revealed the injured worker had decreased sensation in the right anterior thigh and medial and lateral aspect of the calves when compared to the left. The muscle strength was 5/5 in the lower extremity major muscle groups on the right. The injured worker was graded 5/5 in the left iliopsoas, 5-/5 in the quadriceps, and 5/5 in the anterior tibialis and gastrocnemius. The injured worker had no straight leg raise sign. The deep tendon reflexes were brisk in the knees and 1+ in the ankles. The impression was the injured worker had undergone a successful spinal cord stimulator trial and was scheduled for a permanent placement of the thoracic spinal cord stimulator. The physical therapy re-evaluation of 08/06/2014 revealed the injured worker had a physical examination which revealed she had episodes of hyperalgesia and to a lesser degree hyperhydrosis in the vicinity of the right knee. There was no Request for Authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implant of spinal cord stimulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS diagnostic criteria, Spinal Cord Stimulators (SCS) Page(s): 35-36, 105.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend spinal cord stimulator for the treatment of CRPS. CRPS diagnostic criteria include the injured worker must have documentation of criteria 2-4 of the following, 1.) presence of initiating noxious event or cause of immobilization that leads to development of the syndrome, continuing pain; 2.) Allodynia, or hyperalgesia which is disproportionate to the inciting event and/or spontaneous pain in the absence of external stimuli, 3.) Evidence at some time of edema, changes in skin blood flow or abnormal sudomotor activity in the pain region, and 4. Diagnosis is excluded by the existence of conditions that would otherwise account for the degree of dysfunction. The clinical documentation submitted for review failed to indicate the injured worker had allodynia or hyperalgesia which is disproportionate to the inciting event and/or spontaneous pain in the absence of external stimuli, evidence at some time of edema, changes in skin blood flow or abnormal sudomotor activity and there was a lack of documentation indicating the diagnosis was excluded by the existence of conditions that would otherwise account for the degree of pain or dysfunction. The documentation indicated the injured worker underwent a successful trial of a spinal cord stimulator unit. However, the diagnosis of CRPS was not proven per the physical examination findings. Given the above, the request for implant of spinal cord stimulation unit is not medically necessary.