

Case Number:	CM15-0013642		
Date Assigned:	02/02/2015	Date of Injury:	04/28/2014
Decision Date:	03/31/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/23/2015

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

Certification(s)/Specialty: Orthopedic Surgery

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 33 year old male, who sustained an industrial injury on 4/28/14. He has reported right arm, wrist and hand injury. The diagnoses have included sprain of wrist, contusion upper limb, complex regional pain syndrome and crushing injury finger. Treatment to date has included supravicular block, physical therapy and oral medications. X-rays of hand, wrist and arm were negative. Currently, the injured worker complains of intermittent stabbing/shooting pain over forearm. Significant weakness is noted of right upper extremity including fingers, wrists and forehand with inability to extend wrist to neutral or further o exam dated 1/5/15. It was noted on 11/15/14, myofascial pain was reduced after brachial plexus block. On 1/7/15 Utilization Review non-certified a spinal cord stimulator, noting the lack of medical necessity due to no submitted psychological clearance that would justify the pain is not primarily psychologic in origin. The MTUS, ACOEM Guidelines, was cited. On 1/23/15, the injured worker submitted an application for IMR for review of spinal cord stimulator trial.

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): (s) 38, 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulation Page(s): 106-107.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 106-107 states that Indications for stimulator implantation: " Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar." Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) Post amputation pain (phantom limb pain), 68% success rate. Post herpetic neuralgia, 90% success rate. Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury). Pain associated with multiple sclerosis-Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. In this case the exam note from 1/5/15 does not demonstrate any of the above indications as being satisfied. Therefore the determination is for non-certification.