MAXIMUS Federal Services

| Case Number: | CM15-0121259 | | |
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| Date Assigned: | 07/02/2015 | Date of Injury: | 06/08/2011 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/11/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

## 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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 28 year old female, who sustained an industrial injury on 6/8/2011. She reported neck pain and stiffness due to a motor vehicle accident. Diagnoses have included thoracic outlet syndrome, cervical sprain/strain, cervical disc disruption with protrusion, cervical radiculopathy, severe myofascitis, severe reactive/situational depression/anxiety/panic, right shoulder injury and complex regional pain syndrome (CRPS)/Reflex Sympathetic Dystrophy. Treatment to date has included physical therapy, cervical epidural steroid injection, trigger point injections, right shoulder surgery, thoracic outlet surgery and medication. According to the progress report dated 2/19/2015, the injured worker complained of right neck, shoulder and arm pain. She reported that her right arm was extremely painful and barely functional. She complained of increased left upper extremity/hand pain secondary to increased activity and compensation. Physical exam showed the injured worker to be awake and alert and severely favoring her right arm. There was severe pain with manipulation of the right arm. There was an increase in tactile allodynia with hyperpathia in the hand. Authorization was requested for trial implantation of spinal cord stimulator and accompanying psychological testing.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial implantation of the spinal cord stimulator and accompanying psychological testing:**
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM, Chapter 12, page 303, Special Considerations and Surgical Procedures. Decision based on Non-MTUS Citation ODG, Pain section, under Spinal Cord Stimulators ODG, Stress, Mental, under Psychological Assessment prior to Implantation.

**Decision rationale:** This claimant was injured four years ago with neck pain and stiffness due to a motor vehicle accident. Diagnoses were thoracic outlet syndrome, cervical sprain/strain, cervical disc disruption with protrusion, cervical radiculopathy, severe myofascitis, severe reactive/situational depression/anxiety/panic, right shoulder injury and complex regional pain syndrome. CRPS)/Reflex Sympathetic Dystrophy. Treatment to date has included physical therapy, cervical epidural steroid injection, trigger point injections, right shoulder surgery, thoracic outlet surgery and medication. As of February, there was still right neck, shoulder and arm pain. The request is for a trial SCS and psychological testing. The California MTUS-ACOEM guidelines, Chapter 12, Special considerations and Surgical procedures, indicates: implantable spinal cord stimulators are rarely used and should be reserved for patients with low back pain for more than six months duration who have not responded to the standard non-operative or operative interventions. The ODG-TWC guides indicate: There is some evidence supporting the use of Spinal Cord Stimulation (SCS) as a last resort therapy for selected conditions. (See indications list below.) Even then, success rates are not high; generally as little as 50%; and these implantable devices are very expensive; however, before implantation a patient specific trial of the device is possible and recommended. See SCS-References. Regarding psychological assessment prior to trial or permanent device implantations, the MTUS is silent. The ODG notes in the Stress and Mental Health Section: Recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. The following is a list of patients who are especially recommended for psychological evaluation pre- trial (Doleys): (a) Those who present with constant pain and report high overall levels of distress; (b) Patients who have a history of failure of conservative therapy; (c) Patients who have a history of failed surgery; (d) Patients who have significant psychological risk factors such as substance abuse, serious mood disorders, or serious personality disorders. The following are current suggested exclusionary criteria for the use of an implantable pain treatment (Nelson, 1996): (a) Active psychosis; (b) Active suicidal ideation; (c) Active homicidal ideation; (d) Untreated or poorly treated major depression or major mood disturbance. Depression in and of itself in reaction to chronic pain does not disqualify a patient from implantable treatment, although moderately severe to severe depression should be treated prior to trial. In this case, the patient has what is called a severe depression. This is an exclusionary criterion for an SCS, so criteria are not met for the device itself. As the device is not supported, the psychological screening first would be essential. However, the screening should be done first. Both the screening and the trial device itself however cannot be certified together as requested here. The requests as presented were not medically necessary.