

Case Number:	CM15-0174694		
Date Assigned:	09/16/2015	Date of Injury:	05/29/2005
Decision Date:	10/23/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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: 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 47 year old female who sustained an industrial injury on 05-29-2005. According to a progress report dated 04-29-2015 the injured worker was seen in regard to her right wrist injury. Treatment to date has included medications, physical therapy and multiple surgeries. The provider noted that the injured worker had obtained documentation that was dated 04-07-2015 from her psychiatrist that stated her depression and anxiety were stable and optimized and that she had no issues with substance abuse. He also noted that she had very realistic expectations of interventional pain management treatments such as spinal cord stimulation. He also noted that an exacerbation in her pain would pose very minimal risk for decompensation. The psychiatry report that her provider referenced was not submitted for review. According to a progress report dated 08-13-2015, pain was described as constant, "severe", burning, aching and sharp. The provider noted that the injured worker had done well with placements of two spinal cord stimulator leads in the cervical spine to treat her right upper extremity CRPS. Pain was down to a 2 on a scale of 1-10. She had been able to do quite a bit more with greater pain free range of motion that she experienced during her spinal cord stimulator trial. She was able to reduce her as needed opiate medication intake. She reported that motor control and sensory function in her hands had improved. Discussion was provided for risks of permanent implantation. However, she wished to proceed. She was advised to quit smoking first. Diagnoses included history of right hand and wrist pain with multiple surgeries, myofascial pain in the right cervicothoracic musculature with trigger points, right shoulder pain, CRPS of the right upper extremity which is refractory to multiple stellate ganglion blocks as

well as medication management, physical therapy and occupational therapy and depression and anxiety related to her industrial injury which according to her psychiatrist was stable and optimized. The injured worker was not feeling well. The treatment plan included labs: complete blood cell count with differential, C-reactive protein and sedimentation rate and authorization request for a spinal cord stimulator system with two leads, 16 contacts for the right upper extremity and cervical pain. On 08-25-2015, Utilization Review non-certified the request for spinal cord stimulator trial x 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial x 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: The 47 year old patient complains of right wrist pain along with right upper extremity CRPS pain, as per progress report dated 08/13/15. The request is for Spinal cord stimulator trial x 30 days. There is no RFA for this case, and the patient's date of injury is 05/29/05. Diagnoses, as per progress report dated 08/13/15, included right hand and wrist pain, myofascial pain in the right cervicothoracic musculature with trigger points, right shoulder pain, CRPS of the right upper extremity, depression and anxiety. The patient's work status has been documented as permanent and stationary, as per the same progress report. MTUS Chronic Pain Guidelines 2009, Spinal Cord Stimulators section and 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 stimulator implantation 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". MTUS page 101 states that psychological evaluation is "recommended pre-intrathecal drug delivery systems and spinal cord stimulator trial". In this case, the patient was authorized for a spinal cord trial for CRPS, as per progress report dated 08/05/15. In progress report dated 08/13/15, the treater states the patient has done well during the trial. Her pain is down to 2/10 and she has been able to lower her opioid intake. The treater also states "she has been able to do quite a bit more with greater pain-free range of motion that she has experienced during her stimulator trial". The treater is, thereby, requesting for a stimulator implantation as the patient has psychiatry clearance, failed conservative care, and done well during the trial. However, the current request for review is for spinal cord stimulator trial x 30 days. The purpose of another trial is not clear. Hence, the request is not medically necessary.