

Case Number:	CM15-0062255		
Date Assigned:	04/08/2015	Date of Injury:	03/04/2013
Decision Date:	05/19/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/01/2015

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: Illinois, California, Texas
 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 40-year-old female who sustained an industrial injury on 3/4/13. Injury occurred while she was driving a forklift and a crane boom began rapidly descending overhead. While attempting to exit the forklift and run to safety, her right hand became stuck causing a hyperextension injury. The 5/18/13 cervical MRI impression documented mild disc height loss at C5/6 with a 1-2 mm disc bulge and patent spinal canal and neural foramen. The 8/19/13 right shoulder MRI was reported essentially unremarkable. The 10/3/14 psychological evaluation report indicated that the injured worker was fearful of undergoing the invasive procedure for an electrical nerve stimulator trial, and had severe anxiety and depression. Psychological treatment was recommended to include cognitive behavioral psychotherapy and specialized group psychotherapy. On-going psychotherapy is noted in the provided records. The 11/18/14 psychological evaluation noted the injured worker was psychologically stable and ready to undergo a spinal cord stimulator trial. The 11/20/14 treating physician report requested authorization for a percutaneous cervical spinal cord stimulator trial as she had failed all reasonable therapists and met the diagnostic criteria. The 2/11/15 treating physician report cited subjective complaints of neck pain radiating down the right upper extremity and up to the right shoulder, and numbness and tingling. Pain was aggravated by activity and hand function. There was right upper extremity allodynia, color change (pale), and temperature change (colder) in the right upper extremity. Pain was 6/10 with medications, and 8/10 without medications. There were on-going activities of daily living limitations. The injured worker was status post stellate ganglion block on 11/5/13 with 50-80% overall improvement and functional improvement for 6

weeks. Current medications were helpful with 50% improvement including decreased pain, increased function, and improved quality of life. Physical exam noted the injured worker to be in moderate distress. There was spinal vertebral tenderness, moderate loss of cervical range of motion with increased pain in flexion, extension and rotation, and inability to perform overhead strength test for Addison test. Right upper extremity exam documented tenderness to palpation over the right acromioclavicular joint, anterior shoulder, arm, and hand, and shoulder flexion/abduction 70 degrees. There was decreased strength, hypersensitivity, allodynia, and temperature changes. The diagnosis included chronic pain, cervical radiculitis, anxiety, right upper extremity complex regional pain syndrome and rule-out right upper extremity thoracic outlet syndrome. The treatment plan included follow-up with the psychologist, consideration of Butrans patch, psychological clearance of spinal cord stimulator done/approved, and await spinal cord stimulator trial authorization. She had completed acupuncture which wasn't very helpful. Medications were renewed including gabapentin, Naprosyn, and Norco. Additional medications included alprazolam, and paroxetine. The 3/2/15 utilization review non-certified the request for spinal cord stimulator trial as there was no indication as to the injured worker failing conservative pain management.

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 Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Spinal cord stimulation (SCS).

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. The Official Disability Guidelines state that this procedure should be employed with more caution in the cervical region than in the thoracic or lumbar due to potential complications and limited evidence. Guidelines do not recommend spinal cord stimulator in the cervical region except as a last resort. Guideline criteria have not been fully met. This injured worker has been diagnosed with complex regional pain syndrome of the right upper extremity. There is documentation of psychological clearance for this procedure. However, there is no detailed evidence that the injured worker has failed all non-operative treatment. There is documentation of prior benefit with stellate ganglion block in 2013 and on-going medication use. Therefore, this request is not medically necessary.