

Case Number:	CM15-0097845		
Date Assigned:	05/28/2015	Date of Injury:	01/09/2003
Decision Date:	07/01/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/20/2015

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 48-year-old female who sustained an industrial injury on 1/09/03. The mechanism of injury was not documented. The injured worker had been diagnosed with right upper extremity reflex sympathetic dystrophy and was status post spinal cord stimulator implantation. The 9/4/14 pain management progress report was handwritten and requested authorization for placement of a new PIG pulse generation. There was no rationale provided for this request. The 4/17/15 rheumatology report cited continued total body pain, chronic fatigue and sleeping problems. She reported pain and swelling in the right hand especially in the morning. Later in the day, the swelling subsided. She was unable to sleep at night due to pain. She was taking Lyrica with improvement. She reported that the pain implant was still in her hip and she was awaiting authorization for removal. Physical exam documented no new joint swelling, normal neurologic examination, no rheumatoid arthritis deformities, 12+ trigger points, marked right hand weakness, and right wrist tenderness with severely limited range of motion. The diagnosis was Raynaud's syndrome, neuropathy, and reflex sympathetic dystrophy. Medications were continued including Gabapentin, Lyrica, Omeprazole, Tramadol, and Topamax. The 5/5/15 utilization review non-certified the request for placement of IPG pulse generation for the lumbar spine as there was no rationale provided for this request and no evidence that the current spinal cord stimulator was malfunctioning. The 5/20/15 rheumatology report was essentially unchanged from the 4/17/15 progress report. No additional information was provided relative to the generator placement request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Placement of IPG pulse at generator for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

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. This injured worker has been diagnosed with reflex sympathetic dystrophy of the right upper limb and has been using a spinal cord stimulator. There is no rationale presented to support the medical necessity of this request. There is no documentation of pain response with the spinal cord stimulator, or potential hardware failure. Records indicated that the injured worker was awaiting removal of the spinal cord stimulator. Given the absence of a documented rationale, this request is not medically necessary.