

Case Number:	CM13-0000919		
Date Assigned:	03/21/2014	Date of Injury:	09/05/2008
Decision Date:	05/20/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/02/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male with date of injury of September 5, 2008. Diagnoses include reflex sympathetic dystrophy of the upper extremity, chronic pain due to trauma, late effect of tendon injury, injury to the radial nerve, and injury to the median nerve. According to the pain management progress report, the injured worker presents with right hand and finger symptoms, reported as being severe with fluctuating occurrence which is relieved by pain medication. Daily activities aggravate the symptoms. On exam, the injured worker's coordination and fine motor skills of his right hand and arm are poor with obvious atrophy with multiple post-traumatic scarring.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPLACEMENT EXTERNAL NEUROSTIMULATOR PROGRAMMER: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-105-107.

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

Decision rationale: The clinical notes provided for review report that the injured worker had a spinal cord stimulator implanted in 2010. The programmer reportedly began to malfunction in

2012. The LED display malfunctioned, and then the injured worker was only able to turn it on and off with no other adjustments possible. The programmer was stuck on a high setting, making it impossible to use the stimulator. He has been using a loaned programmer while waiting for approval for a new one. The treating provider reports that there is no evidence that the programmer was misused or abused by the injured worker. The injured worker has received significant benefit from using the spinal cord stimulator, and having access to the loaned programmer has allowed him to receive the relief that he needs. The continued use of a spinal cord stimulator is supported by the California MTUS guidelines. The injured worker has reflex sympathetic dystrophy as a result of traumatic injury and subsequent surgical repair. The use of the current spinal cord stimulator will require a new neurostimulator programmer. The request for a replacement external neurostimulator programmer is determined to be medically necessary