

Case Number:	CM13-0010707		
Date Assigned:	09/19/2013	Date of Injury:	01/30/2012
Decision Date:	12/26/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/14/2013

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 Orthopedic Spinal Surgeon and is licensed to practice in New York. 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 patient has a date of injury January 30, 2012. The patient has chronic pain in the right upper extremity. The patient reports pain over the wrist and distal forearm. Patient takes Vicodin. On physical examination the patient is reduced range of motion of the right wrist is very sensitive to palpation. There is some weakness. The patient has been wearing a splint. The patient had a stellate block which provided 50% relief for several days. The patient had chiropractic care. Physical therapy and pain management have been recommended but completion of these modalities is not documented the medical records. At issue is whether spinal cord stimulator placement medically necessary.

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): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: This patient does not meet criteria for spinal cord stimulator placement. Specifically the medical records do not document that the patient has had an adequate trial and

failure of conservative measures for the treatment chronic pain. A recent trial and failure physical therapy has not been documented. Also a psychiatric evaluation has not been documented. Established criteria for spinal cord stimulator not met. Therefore the request is not medically necessary.