

Case Number:	CM13-0015828		
Date Assigned:	12/11/2013	Date of Injury:	09/08/2011
Decision Date:	03/31/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 is a 38-year-old female who reported an injury on 09/08/2011. The patient was reportedly injured while she was hanging plants. The patient is currently diagnosed with complex regional pain syndrome in the right upper extremity and possible right rotator cuff tear. The patient was seen by [REDACTED] on 09/17/2013. The patient reported significant pain and stiffness in the right upper extremity. Physical examination revealed moderate swelling, tenderness, stiffness, and painful range of motion. Treatment recommendations included a psychological evaluation for a spinal cord stimulator trial. The patient was then seen by [REDACTED] on 09/18/2013 for a psychological evaluation. The patient was diagnosed with depressive disorder with a current GAF score of 55. It was noted that the patient was recommended to undergo 10 psychotherapy sessions prior to a spinal cord stimulator trial.

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 Page(s): 107.

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

Decision rationale: California MTUS Guidelines state spinal cord stimulator implantation is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. As per the documentation submitted, the patient does maintain a diagnosis of complex regional pain syndrome. The patient has failed to respond to previous conservative treatment including stellate ganglion blocks and extensive physical therapy. However, the patient underwent a psychological evaluation on 09/18/2013. [REDACTED] recommended that the patient be provided with 10 psychotherapy sessions prior to a spinal cord stimulator implantation. Therefore, the patient does not currently meet criteria for the requested procedure. As such, the request is non-certified.