

Case Number:	CM13-0035531		
Date Assigned:	12/13/2013	Date of Injury:	03/03/2009
Decision Date:	04/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/17/2013

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 Emergency Medicine, 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 is a 46-year-old female who was injured on March 3, 2009. The patient continued to experience right shoulder, right elbow, and right wrist pain. Physical examination was notable for mild spasm of the right trapezius and right rhomboid, decreased range of motion in the right elbow and right wrist, positive ulnar nerve compression, and decreased motor strength in the right arm. Diagnoses included status post right carpal tunnel release, status post lateral epicondylar release, and complex regional pain syndrome of the right elbow. Treatment included medications and stellate ganglion blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

Decision rationale: Spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, after a successful temporary

trial and for indications, which include failed back syndrome and chronic regional pain syndrome. Psychological evaluations are recommended prior to spinal cord stimulator trial. In this case the patient was diagnosed with chronic regional pain syndrome. Other treatments had been tried and not been successful. She underwent a psychological evaluation on September 20, 2013. However, there is no comment on spinal cord stimulator in the psychiatrist's note. Criteria for spinal cord stimulator trial have not been met. The request is noncertified.