

<b>Case Number:</b>	CM13-0039562		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Orthopedic Surgery 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 claimant is a 58 year old female injured in a work related accident June 20, 2011. The clinical records indicate the initial injury to the right shoulder for which an evaluation with [REDACTED] October 7, 2013 indicated continued complaints of pain about the right shoulder with radiating pain into the right upper arm. It states a request for a percutaneous spinal cord stimulator was denied. The physical examination showed the shoulder to be with restricted range of motion and positive impingement signs, positive Neer and Hawkin's testing with 5-/5 strength to the right upper extremity compared to the left. The claimant was documented with reflex sympathetic dystrophy/complex regional pain syndrome and complex regional pain syndrome to the right shoulder with internal derangement status post a prior decompression and biceps tenodesis and appeal for denial of the trial was recommended citing the claimant's continued neuropathic stating failed measures including stellate ganglion block. It states the claimant has been psychologically cleared for trial from an August 8, 2013 assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous Spinal Cord Stimulator Trial:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 106-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

**Decision rationale:** The claimant is a 58 year old female injured in a work related accident June 20, 2011. The clinical records indicate the initial injury to the right shoulder for which a evaluation with [REDACTED] October 7, 2013 indicated continued complaints of pain about the right shoulder with radiating pain into the right upper arm. It states a request for a percutaneous spinal cord stimulator was denied. The physical examination showed the shoulder to be with restricted range of motion and positive impingement signs, positive Neer and Hawkin's testing with 5-/5 strength to the right upper extremity compared to the left. The claimant was documented with reflex sympathetic dystrophy/complex regional pain syndrome and complex regional pain syndrome to the right shoulder with internal derangement status post a prior decompression and biceps tenodesis and appeal for denial of the trial was recommended citing the claimant's continued neuropathic stating failed measures including stellate ganglion block. It states the claimant has been psychologically cleared for trial from an August 8, 2013 assessment. Based on the CA MTUS Chronic Pain Medical Treatment Guidelines a spinal cord stimulator trial would be indicated for a diagnosis of chronic regional pain/reflex sympathetic dystrophy with actual success rate of nearly 70% to 90 % and clearly appears to be that of a complex regional pain syndrome for which the claimant has failed neuropathic treatment and has been cleared medically from a psychological point of view. The role of a trial of the above spinal cord stimulator would appear to be medically necessary given the claimant's clinical presentation for review.