

Case Number:	CM13-0051874		
Date Assigned:	03/03/2014	Date of Injury:	07/29/2004
Decision Date:	05/07/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 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 claimant is a 45-year-old female who was injured July 29, 2004. Recent clinical assessment for review is dated October 08, 2013 by [REDACTED]. It indicated an acute need for a spinal cord stimulator trial. It states that since the time of injury that the claimant is with complaints of chronic regional pain syndrome to the right upper extremity and has undergone a "litany of care over the past decade." The claimant describes continued complaints of pain. The claimant states that she is allergic to corticosteroid and further injection therapy is not indicated. It states that at that time a spinal cord stimulator trial would be warranted given the claimants chronic current diagnosis. A previous review of September 04, 2013 gave the claimant a working diagnosis of bilateral carpal tunnel syndrome status post right carpal tunnel release with right lateral epicondylitis status post release, chronic regional pain syndrome to the right upper extremity and a chronic L4 radiculopathy. Physical examination findings at that date showed restricted right grip strength compared to the left, diminished strength with elbow flexion and extension at 4/5 and diminished sensation over the right radial and ulnar nerve distribution. A spinal cord stimulator trial was recommended for further treatment in this claimant's care.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT TRIAL SPINAL CORD STIMULATOR: Overturned

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

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

Decision rationale: The California MTUS guidelines would support the role of spinal cord stimulator trialing. The claimant is with a diagnosis of chronic regional pain syndrome for which she is noted to have failed a litany of conservative measures over the past decade. Physical examination findings do demonstrate neurologic process including weakness, sensory change and virtually absent grip strength. The role of a spinal cord stimulator trial in light of previous methods of treatment already utilized would appear to be medically warranted and is certified.