

<b>Case Number:</b>	CM14-0109460		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 47-year-old male was reportedly injured on 6/14/2010. The most recent progress notes, dated 7/30/2014 and 8/27/2014, indicated that there were ongoing complaints of shoulder and upper extremity pains. Physical examination demonstrated spasm to the right neck right shoulder movements restricted with abduction limited to 110 due to pain, tenderness to the right biceps groove and subdeltoid bursa, allodynia to the plantar aspect of the right hand mostly over incision over wrist, and increased swelling to the right hand. No recent diagnostic imaging studies available for review. Previous treatment included a functional rehabilitation program, physical therapy, TENS unit and medications. A request had been made for a spinal cord stimulator with 2 1 x 8 leads, and monthly follow-up visits x 6 (modified for one f/u in 45 days), which were not certified in the utilization review on 6/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator with 2 1x8 leads:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Spinal Cord Stimulators: Page(s): 38.

**Decision rationale:** The MTUS guidelines support the implantation of a spinal cord stimulator for selected patients in cases when less invasive procedures have failed or are contraindicated, and only after a successful SCS trial. Indications for stimulator implantation include failed back syndrome, complex regional pain syndrome, reflex sympathetic dystrophy, post amputation pain, post herpetic neuralgia, spinal cord injury dyesthesias, pain associated with multiple sclerosis, and peripheral vascular disease. In addition, the guidelines require a psychological evaluation and clearance prior to spinal cord stimulator implantation. Based on the clinical documentation provided, there is no documentation of a SCS trial or psychological clearance. As such, this request is not considered medically necessary.

**Monthly f/u visits x6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Opioids).  
Page(s): 78.

**Decision rationale:** The MTUS treatment guidelines support followup office visits for the ongoing review and documentation of pain relief, functional status and medication management. The current request was modified and partially certified for #1 followup visit in 45 days. Review of the available medical records indicates the claimant is stable on the current medications since 2013. As such, the request for #6 monthly followup office visits is not considered medically necessary.