

<b>Case Number:</b>	CM14-0050629		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/06/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 40 year old female who is being treated for chronic regional pain syndrome of the left forearm; cephalgia; dizziness; left hemipoesthesia; left arm reflex sympathetic dystrophy; left temporomandibular joint pain; pain to the left shoulder, left elbow, both wrists, and right hand, emotional distress, sleep disturbance; cognitive impairment; sexual dysfunction; and weight gain. Her problems date back to 10/06/2010 when she was working on a fast paced packaging conveyor line with a colleague. Later, her colleague left, therefore she was left alone. As she continued working, she felt a pop in her left wrist followed by a pain. She continued working, but about 20 minutes later, the pain became unbearable. Therefore; when she was relieved by other colleagues, she went to an urgent care center where she was given prescription for Ibuprofen following a normal X-Ray of her wrist. The pain has persisted, and has spread to her entire upper limb and back. The pain is associated with swelling; migrainous headaches and contracture of her left upper limb. She has had no success with acupuncture, radial nerve decompression surgery, Opiates, Zolpidem, Alprazolam, Gabapentin, Carisoprodol Buspirone and Bupropion; stellate blocks, neck injections. The neck injections made the pain worse, and is now associated with hot patches in her right upper extremity. Her examination findings are positive for increased sensitivity, blanching and mottling, weakness of left upper extremities, and muscle wasting, nail changes and ridging, as well as contractures of the fingers. Her treating doctors include pain specialist, orthopedist, and Neurosurgeon. Her doctor requested authorization for a percutaneous neurostimulator but this was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous Neurostimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Neurostimulation Page(s): 97.

**Decision rationale:** The MTUS recognizes percutaneous neurostimulator and therapeutic exercise as very effective in the treatment of chronic low back pain in older adults. However, the guidelines recommend it should be used as an adjunct to functional restoration program following trial of non-surgical treatments, including therapeutic exercise and TENS. Therefore percutaneous Neurostimulator is reserved for patients who fail to get pain relief from TENS. There is no indication from the records reviewed the injured worker has been tried on therapeutic exercises and TENS. Therefore the requested treatment is not medically necessary.