

<b>Case Number:</b>	CM14-0059124		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/23/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Orthopedic Surgery 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 48 year old female whose date of injury is 04/23/2010. Treatment to date includes left carpal tunnel release and right median nerve release of the elbow and wrist in 2010, Ketamine infusion, cervical epidural steroid injections and medication management. The injured worker was previously authorized to undergo preoperative psychological clearance for spinal cord stimulator. Psychological report dated 08/09/14 indicates that the injured worker continues to report severe depression and anxiety, per Beck scales. Diagnoses are severe CPRS; status post left carpal tunnel release and median nerve release of the elbow and wrist. Note dated 06/06/14 indicates that the injured worker does not want to proceed with spinal cord stimulator as she is fearful of implanting a foreign body.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulation Trial:** Upheld

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

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

**Decision rationale:** Based on the clinical information provided, the request for spinal cord stimulator trial is not recommended as medically necessary. There is no indication that the injured worker has received psychological clearance for the procedure as required by CA MTUS guidelines. Additionally, note dated 06/06/14 indicates that the injured worker does not want to proceed with spinal cord stimulator as she is fearful of implanting a foreign body. The request for spinal cord stimulator trial is not recommended as medically necessary.

**Pre-Operative Psychological Clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

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

**Decision rationale:** Based on the clinical information provided, the request for preoperative psychological clearance is not recommended as medically necessary. The submitted records indicate that the injured worker previously received authorization for this request; however, there is no indication that the evaluation has occurred to date. Additionally, note dated 06/06/14 indicates that the injured worker does not want to proceed with spinal cord stimulator as she is fearful of implanting a foreign body. The request for preoperative psychological clearance is not recommended as medically necessary.