

<b>Case Number:</b>	CM14-0086833		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 29-year-old female who reported an injury on 01/20/2011 due to an injury that she received on her right hand while working as a medical biller. The injured worker has diagnoses right wrist and hand sprain, chronic right hand and upper extremity pain, nausea, vomiting, and right shoulder impingement syndrome with subacromial tenderness and impingement sign. Past medical treatment consists of steroid injections, right stellate ganglion block, sympathetic nerve block, physical therapy and medication therapy. On 04/19/2014 the injured worker complained of right shoulder and right hand wrist pain. Physical examination of the right shoulder revealed an abduction of 140 degrees, adduction of 50 degrees, flexion of 140 degrees, internal rotation of 90 degrees, external rotation of 45 degrees and an extension of 30 degrees. The right shoulder was locally tender more so than the rest of arm subacromial. The injured worker had a positive impingement sign. Examination of the right wrist revealed dorsiflexion of 60 degrees, palmar flexion of 80 degrees, radial deviation of 20 degrees, and ulnar deviation of 30 degrees. Motor strength of the wrist extensors was 5/5 and wrist flexors 5/5. Hyperesthetic to the right little finger, hypoesthetic to digits 1 through 5. The treatment plan is for the injured worker to undergo a cervical spinal cord stimulator trial. A rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spinal cord stimulator trial:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-106..

**Decision rationale:** The request for cervical spinal cord stimulator trial is not medically necessary. The California MTUS Guidelines state that implantable spinal cord stimulators are rarely used and should be reserved for patients with low back pain for more than 6 months duration who have not responded to standard non-operative or operative interventions. Indications for those for the use of stimulator implantation are failed back syndrome, complex regional pain syndrome, post amputation pain, post herpetic neuralgia, spinal cord injury, dysesthesias, and pain associated with multiple sclerosis as well as peripheral vascular disease. The guidelines recommend 1 spinal cord stimulator for patients who have undergone at least 1 previous back operation and who are not a candidate for repeat surgery with symptoms of primarily lower extremity radicular pain, a psychological clearance, no current evidence of substance abuse and no contraindications to a trial. Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after the temporary trial. The submitted documentation did not indicate that the injured worker had failed back surgery. There was also no indication of the injured worker having failed conservative treatment. There was also a lack of physical examination findings in the submitted report. According to the guidelines, there should be a psychological clearance, indicating realistic expectations clearance for the procedure. There was no evidence of this submitted for review. Furthermore, there was no evidence in the submitted documentation that the injured worker had diagnoses congruent with the above guidelines. As such, the request for cervical spinal cord stimulator trial is not medically necessary.