

Case Number:	CM14-0189532		
Date Assigned:	11/20/2014	Date of Injury:	06/13/2011
Decision Date:	01/08/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational Medicine 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:

Patient is a 36 year-old female with date of injury 06/13/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/08/2014, lists subjective complaints as pain in the neck and left arm. Patient is status post cervical sympathetic block on 02/17/2014 and again on 09/15/2014 with two to three days of 85% pain relief noted for each. Objective findings: Patient was guarding the left arm. There was allodynia as well as hyperesthesia noted. There was some hyperhidrosis. No atrophic changes. Decreased range of motion of the left elbow extends to 80 degrees. Strength testing was 4/5. Diagnosis: 1. CRPS-II, left upper extremity 2. Status post ORIF left arm, 1 years ago 3. Ulnar neuropathy 4. Status post sympathetic blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Spinal Cord Stimulator (SCS) Trial: 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 9792.20 - 9792.26 Page(s): 105-107.

Decision rationale: According to MTUS, indications for spinal cord stimulator are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and peripheral vascular disease. In addition, psychological screening should be obtained prior to a spinal cord stimulator trial, especially for serious conditions such as severe depression or schizophrenia. The patient appears to be a candidate for a spinal cord stimulator, but a psychological screening is required prior to SCS trial. Outpatient Spinal Cord Stimulator (SCS) Trial is not medically necessary.