

<b>Case Number:</b>	CM15-0132072		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old female who sustained a work related injury September 4, 2013. While reaching overhead to pull down a 3" binder, she felt extreme pain in her left shoulder with heat and a shredding sensation. Past history included rheumatoid arthritis, fibromyalgia, irritable bowel syndrome, and depression. An MRI of the left shoulder, dated September 18, 2013, revealed left supraspinatus tear, possible infraspinatus tear and possible laxity of ligaments in the left shoulder. Past treatment included physical therapy, stellate regional block (the first helped, a series of 3 did not), corticosteroid injection, left shoulder. According to a primary treating physician's progress report, dated May 7, 2015, the injured worker presented with continued pain in the left shoulder and skin sensitivity at the shoulder, forearm and wrist. She reports feeling raw pain with light touch. Examination of the left shoulder revealed; tenderness of the left AC joint and biceps tendon, allodynia over upper arm and forearm with limited range of motion, and a positive impingement sign. Diagnoses are complex regional pain syndrome type II, left arm; adhesive capsulitis of the left shoulder; left shoulder internal impingement. At issue, is a request for authorization for a spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators); Spinal cord stimulators (SCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal cord stimulators (SCS) Psychological.

**Decision rationale:** The claimant sustained a work-related injury in September 2013 and continues to be treated for chronic left upper extremity pain including diagnoses of CRPS and adhesive capsulitis. Treatments have included medications, stellate ganglion blocks, and physical therapy. When seen, there was left acromioclavicular joint and biceps tenderness with positive impingement testing and decreased shoulder range of motion. There was left upper extremity allodynia and hypersensitivity. A psychological evaluation for a spinal cord stimulator trial had been authorized. This request is for a stimulator trial prior to consideration of an implantable stimulator. Indications for consideration of stimulator implantation include CRPS as in this case. However, psychological clearance is required before the trial and the claimant has not undergone this evaluation. The requested spinal cord stimulator trial is not medically necessary at this time.