

Case Number:	CM15-0145034		
Date Assigned:	08/05/2015	Date of Injury:	04/07/2014
Decision Date:	09/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old female, who sustained an industrial injury on 04-07-2014. The injured worker was noted to have a right upper extremity injury. On most recent provider visit dated 04-17-2015 the injured worker has reported right upper extremity pain. On examination motor strength was noted as 5 out to 5 bilaterally in the upper extremities. Sensation was decreased in the right C6 and C7 dermatome. There was noted hyperesthesia and hypersensitive along the previous incision over the right elbow as well as her right wrist and the ventral aspect of her palm. There was a noted temperature difference between the right and left hand. The diagnoses have included status post right carpal tunnel release and right cubital tunnel decompression on 10-15-2014 and rule out sympathetic mediated pain-beginning stages of complex regional pain syndrome. Treatment to date has included surgical intervention, physical therapy and medication. The provider requested spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Spinal cord stimulator (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 of 127.

Decision rationale: This claimant was injured over a year ago with a reported right upper extremity injury. As of April 2015, there was still right upper extremity pain. The diagnoses have included status post right carpal tunnel release and right cubital tunnel decompression on 10-15-2014, and rule out the beginning stages of complex regional pain syndrome. Treatment to date has included surgical intervention, physical therapy and medication. The provider requested a spinal cord stimulator. Regarding spinal cord stimulators, the MTUS notes they are recommended only for selected patients with specific conditions when less invasive procedures have failed or are contraindicated, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. There is no evidence of an SCS trial. There is no documentation of psychological clearance, or that conservative care has been exhausted. It does not seem that injectional or other conservative care had been exhausted. The request is not medically necessary when compared with MTUS criteria.