

Case Number:	CM14-0095649		
Date Assigned:	07/25/2014	Date of Injury:	10/06/2010
Decision Date:	09/22/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 40-year-old female with a 10/6/10 date of injury. She injured herself while working as a packer. The exact mechanism of injury has not been described. A Rheumatology AME on 5/21/14 indicated that the patient stated she was worse since her prior visit on 4/16/13. On 4/28/14, the patient noted chronic severe left upper extremity pain. She could not tolerate light touch or air conditioning. Objective exam showed a decreased attention span. No left wrist motion or to fingers of her left hand, with shoulder discoloration. Deep tendon reflexes were hypoactive. Diagnostic Impression is Left Arm Reflex Sympathetic Dystrophy (RSD), Cephalgia, Dizziness, and left TMJ pain. Treatment to date includes s/p radial nerve decompression on 10/7/11, medication management, stellate blocks which did not help, acupuncture, occupational therapy, and a cervical spine injection which made her worse. A UR decision dated 5/22/14 denied the request for spinal cord stimulator based on the fact that there is no evidence of a trial of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial (Percutaneous): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PENS Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Percutaneous Electrical Nerve Stimulation.

Decision rationale: The California MTUS and Official Disability Guidelines does not recommend Percutaneous Electrical Nerve Stimulation (PENS) as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality studies to prove long-term efficacy in the treatment of acute low back symptoms. However, there is no documentation of failure of a TENS unit. In addition, this patient is documented to have no improvement of her symptoms, and in fact, worsening of her symptoms, with multiple interventions, including occupational therapy, stellate blocks, as well as a cervical epidural injection. Therefore, the request for Spinal Cord Stimulator Trial (Percutaneous) is not medically necessary.