Case Number:	CM15-0090766		
Date Assigned:	05/15/2015	**Date of Injury:**	04/29/2010
Decision Date:	10/19/2015	**UR Denial Date:**	04/20/2015
Priority:	Standard	**Application Received:**	05/11/2015

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, California
Certification(s)/Specialty: Family Practice

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 42 year old female, who sustained an industrial injury on 4-10-15. The documentation on 4-10-15 noted that the injured worker has complaints of severe burning pain shooting in the left forearm, left arm and left elbow medial epicondyle and has severe burning, tingling, numbness and paresthesia in left upper extremity. The injured worker scored a pain of 7-9 out of 10 on a visual analog scale. The documentation noted that the pain was worse with bending and extending her elbow. Range of motion of the left elbow is restricted and severe allodynia and hyperalgesia is present at operation scar area along the medial border left elbow medial epicondyle. There is diminished sensation to light touch along medial border of left forearm. Excessive perspiration is present on left elbow medial epicondyle. Magnetic resonance imaging (MRI) of left elbow reported as small ventral ossific spur on lateral aspect of coronary fossa. Electromyography/nerve conduction velocity study was reported as normal. The diagnoses have included chronic myofascial pain syndrome; left upper extremity complex regional pain syndrome (CRPS) type 1; status post left ulnar nerve transposition surgery times two and left elbow medial epicondylitis. Treatment to date has included physical therapy; chiropractic therapy; stellate ganglion blocks; two times left elbow ulnar nerves transposition; seen by pain psychologist; Neurontin; Cymbalta; Tylenol #3; Prilosec and Lunesta. She was treated in past with pain management specialist and psychologist that revealed she was psychologically stable and does not report any depression and there was no evidence of drug misuse, abuse or dependency. The documentation noted the injured workers work status is permanent and stationary. The original utilization review (4-20-15) non-certified the request for

one (1) time spinal cord stimulator trial. The patient had received an unspecified number of chiropractic and PT visits for this injury. The medication list includes Neurontin; Cymbalta; Tylenol #3; Prilosec and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) time spinal cord stimulator trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: Per the cited guidelines spinal cord stimulator is "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, 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." The documentation on 4-10-15 noted that the injured worker has complaints of severe burning pain shooting in the left forearm, left arm and left elbow medial epicondyle and has severe burning, tingling, numbness and paresthesia in left upper extremity. The injured worker scored a pain of 7-9 out of 10 on a visual analog scale. The documentation noted that the pain was worse with bending and extending her elbow. Range of motion of the left elbow is restricted and severe allodynia and hyperalgesia is present at operation scar area along the medial border left elbow medial epicondyle. There is diminished sensation to light touch along medial border of left forearm. Excessive perspiration is present on left elbow medial epicondyle. Magnetic resonance imaging (MRI) of left elbow reported as small ventral ossific spur on lateral aspect of coronary fossa. The diagnoses have included chronic myofascial pain syndrome; left upper extremity complex regional pain syndrome (CRPS) type 1; status post left ulnar nerve transposition surgery times two and left elbow medial epicondylitis. She was treated in past by a pain management specialist. She has seen a psychologist and the evaluation revealed that she was psychologically stable and does not report any depression and there was no evidence of drug misuse, abuse or dependency. She has tried Neurontin; and Cymbalta for this injury. The patient has CRPS, and she has tried various classes of medications, stellate ganglion blocks, surgery, but still continues to have pain. The patient has chronic pain with significant objective abnormal findings. The request for One (1) time spinal cord stimulator trial is medically necessary and appropriate for this patient at this time.