

<b>Case Number:</b>	CM13-0003374		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/22/2008
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### 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 Physical Medicine and Rehabilitation 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:

The patient is a 45 year old female who was injured on 07/22/2008. The mechanism of injury is unknown. The patient underwent insert Medtronic Octad cervical spinal cord stimulating lead on 05/23/2013. There are no diagnostic studies for review. Follow-up from SCS Trial dated 05/29/2013 reports when the patient presented to the office, stimulation of the left upper extremity was not obtainable, but when the patient went home, the stimulation again shifted to the right upper extremity. She reports about 10% relief with that, and feels that it might have been better if it was only in the left upper extremity where she could concentrate more on whether she was obtaining relief. The trial has been in for a week. Soap note dated 10/15/2013 indicates the patient returns for follow up of her left hand CRPS syndrome. She says her pain level is up and down. It is difficult for her to grasp things with the left hand. She has daily pain. She says she still gets tingling into the fingers, sometimes random sharp and stabbing pain in the hand. Objective findings reveal coloration and temperature of the left hand is similar to the right. She has some sensitivity to Tinel's at the left wrist over the median nerve still. Assessment is left wrist contusion/strain that evolved into CRPS; carpal tunnel syndrome status post release with poor result; proximal left upper extremity pain in forearm and elbow, likely radicular component based on response to cervical ESI. The patient is fighting denial of alleged spread of CRPS to right extremity and muscle ligament disorder. The patient has been diagnosed with unspecified disorder of muscle, ligament, and fascia and carpal tunnel syndrome. The plan is to refill the patient's medications for Etodolac, Gabapentin, Topamax, Ambien and Amitriptyline. PR2 dated 08/29/2013 reports she returns for her left upper extremity pain. She states her left arm is killing her. On exam, she is alert. Left upper extremity appears normal with no difference in temp or coloration.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **2ND TRIAL OF SPINAL CORD STIMULATOR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cord Stimulators (SCS) Page(s): 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cord Stimulators (SCS) Page(s): 105-107.

**Decision rationale:** According to the California MTUS guidelines, Spinal cord stimulators (SCS) 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. In this case, the medical records document the patient was diagnosed with left wrist contusion/strain involved with CRPS, unspecified disorder of muscle, ligament, and fascia and status post carpal tunnel release with poor result. The patient underwent a trial of SCS of the cervical spine mainly left side on 5/23/2013, in the follow up report of trial dated 5/29/2013 revealed the failure of SCS to relieve the pain as documented only 10% relief and shifting of the stimulation to the right side. Therefore, the request for a second trial of spinal cord stimulators is not medically necessary and appropriate.