

<b>Case Number:</b>	CM13-0047548		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/01/2009
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 48 year old female sustained injury on 03/01/2009. The mechanism of injury was slip and fall. She landed on her knees and fractured her right wrist/hand. She had surgery in June 2010, but continued to have pain in her right upper extremity. She also reported worsening of pain in her lower back radiating to her lower extremities. She was treated with lumbar ESI. She was diagnosed with complex region pain syndrome. A note dated 12/11/2013 indicates she presented with complaints of pain in her right wrist, right forearm, left hand, right groin, which she described as burning and constant. She reported complaints of paresthesia, sweating, "bee stings" feeling, spasms, weakness, and discolorations. She was complaining of right leg limping since October 2010 and started left upper extremity symptoms since 2012. She was treated with Lidocaine injections in right hand and stellate ganglion nerve blocks. She was treated with Tramadol, Vicodin and Dilaudid which were not helpful. Her medications list included HCTZ, Meclizine, Pepcid, Toprol, Dilaudid 4 mg and 8 mg, Exalgo 8 mg, Ibuprofen 800 mg, Tizanidine 2 tablets for spasms, Cymbalta 90 mg, and Topamax 50 mg. She was diagnosed with RSD of upper and lower limbs. A note dated 09/16/2013 by [REDACTED], a trial of spinal cord stimulator was performed with successful relieving about 80% of her symptoms. Treatment plan was spinal cord stimulator reprogramming to improve coverage stimulation and maximize the benefit for the SCS. A psychological evaluation and consultation was done on 11/24/2013 who cleared patient for pain pump implantation. A last note dated 12/17/2013 by [REDACTED] indicates she presented with no change in her pain symptoms, despite round the clock Dilaudid 4 mg Q4h oral intake. She was evaluated by psych who agreed she is a candidate for an intrathecal pump implant. On exam, there was pain radiating to bilateral arms and legs. Neck ROM was flexion 30, extension 30, rotation 50 right and left, Lateral Flexion 30 right and left. Back ROM was Flexion-Extension 60, lateral flexion 15. Upper extremities with normal pulse,

no edema, no mottling, but atrophy left arm. Motor strength was 4/5 right and left. Sensation was hypersensitive to touch. Neurologic was normal. Plan was intrathecal opioid trial with overnight stay at hospital for observation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Implantation or Replacement of device for Intrathecal or Epidural Drug Infusion: programmable pump, including preparation of pump, with or without programming:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 53-54.

**Decision rationale:** This 48 year old female was diagnosed with chronic regional pain syndrome and has tried several modalities including multiple pain medications, lumbar sympathetic nerve blocks, stellate ganglion blocks, IV Ketamine infusion, and surgery. A note dated 09/16/2013 by [REDACTED] indicates that she tried a trial of spinal cord stimulator, which was very successful and relieved 80% of her symptoms. She has met the criteria of the guidelines of at least 50% reduction in pain. She also had psychological evaluation on 11/24/2013 and was cleared for pain pump implantation. In my opinion, she has met the requirement for implantation of intrathecal infusion pump as per the guidelines and should be considered medically necessary.