

<b>Case Number:</b>	CM13-0072399		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this patient reported an 8/16/11 date of injury. At the time (10/30/13) of request for authorization for spinal cord stimulator trial right upper extremity, there is documentation of subjective (increased sweating, mottling, burning and tingling sensation throughout the right upper extremity) and objective (decreased strength of the bilateral upper extremities, and increased warmth in the right upper extremity as well as increased hyperhidrosis) findings, current diagnoses (complex regional pain syndrome of the right upper extremity), and treatment to date (medications (Norco, Tramadol, and Cymbalta), Final Determination Letter for IMR Case Number [REDACTED] right stellate ganglion block, acupuncture, and physical therapy). In addition, medical report identifies patient counseling on spinal cord stimulation with all questions answered. Furthermore, medical report plan identifies spinal cord stimulator trial in conjunction with psychopharmacological treatment and medication management with primary treating physician. There is no documentation the SCS will be combined with physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINAL CORD STIMULATOR TRAIL RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS Spinal Cord Stimulators (SCS) Page(s): 38,105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, SPINAL CORD STIMULATORS (SCS) Page(s): 38.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of careful counseling and patient identification, the SCS will be used in conjunction with comprehensive multidisciplinary medical management, and SCS will be combined with physical therapy, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of CRPS. Within the medical information available for review, there is documentation of a diagnosis of complex regional pain syndrome of the right upper extremity. In addition, given documentation of patient counseling on spinal cord stimulation with all questions answered, and a plan identifying spinal cord stimulator trial in conjunction with psychopharmacological treatment with psychologist and medication management with primary treating physician; there is documentation of careful counseling and patient identification, and the SCS will be used in conjunction with comprehensive multidisciplinary medical management. However, there is no documentation the SCS will be combined with physical therapy. Therefore, the request for spinal cord stimulator trial right upper extremity is not medically necessary and appropriate.