

<b>Case Number:</b>	CM14-0017316		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	11/25/2007
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 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 injured worker is a 53-year-old female who reported an injury on 11/25/2007. The mechanism of injury was described as the injured worker was loading luggage into a cargo bin and was struck from behind by falling luggage. The injured worker's diagnoses include brachial neuritis NOS, depressive disorder, and reflex sympathetic dystrophy. The documentation of 10/21/2013 revealed a psychological evaluation for which the injured worker was recommended for a spinal cord stimulator. The documentation of 01/15/2014 revealed the injured worker had several hypo-pigmented lesions on the left arm, 1 on the chest, and a few on the leg that were annular and flat with blanching. The injured worker had atrophy of the left shoulder girdle and left lower extremity, most noticeably in the thigh/buttocks and pelvis on the left. There was moderate left gluteal atrophy. There was trace edema in both upper and lower extremities. The treatment plan included that as the patient continued to suffer from multiple complaints including RSD, depressive syndrome and neurogenic bladder and others previously documented, and the injured worker had been cleared psychiatrically for a spinal cord stimulator, the request was made for a spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE TRIAL PLACEMENT OF A DORSAL COLUMN STIMULATOR UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS (SCS) .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
SECTIONS ON CHRONIC REGIONAL PAIN SYNDROME (CRPS), INTERFERENTIAL  
CURRENT STIMULATION Page(s): 3.

**Decision rationale:** The California MTUS Guidelines recommendations indicate that CRPS is treatable with spinal cord stimulators. The injured worker should undergo a psychological evaluation prior to the request for a spinal cord stimulator. The California MTUS Guidelines recommend CRPS diagnostic criteria includes the following: (1) the presence of an initiating noxious event or cause of immobilization that leads to the development of the syndrome, (2) continuing pain or allodynia or hyperalgesia which is disproportionate to the inciting event and/or spontaneous pain in the absence of external stimuli, (3) evidence of, at some time, edema, changes in skin blood flow or abnormal pseudomotor activity in the pain region, and (4) the diagnosis is excluded by the existence of conditions that would otherwise account for the degree of pain or dysfunction. Criteria 2 through 4 must be satisfied to make the diagnosis. The clinical documentation submitted for review failed to indicate the injured worker had objective examination findings of continuing pain, allodynia, or hyperalgesia, and that the diagnosis was excluded by the existence of conditions that would otherwise for account for the degree of pain or dysfunction. The request as submitted failed to indicate the length of time for the dorsal column stimulator. Given the above, the request for 1 trial placement of a dorsal column stimulator unit is not medically necessary.