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| <b>Case Number:</b>   | CM14-0163546 |                              |            |
| <b>Date Assigned:</b> | 10/08/2014   | <b>Date of Injury:</b>       | 12/01/2010 |
| <b>Decision Date:</b> | 10/31/2014   | <b>UR Denial Date:</b>       | 09/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/06/2014 |

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 55 year old female who was injured on 12/1/2010 after falling off of a roof. She was diagnosed with reflex sympathetic dystrophy, right shoulder joint pain, chronic pain syndrome, and ankle/foot pain. She was treated with opioids, NSAIDs, anti-epileptics, surgery (right ankle, right shoulder/clavicle), TENS unit, and physical therapy. The worker was seen by her pain specialist on 5/21/14 (most recent progress note available for review), for a follow-up, requesting refills on her medications (Norco, Naproxen, Lyrica). She reported that she continued to experience chronic pain on both feet and legs as well as swelling on both knees, with occasional shocking pain and numbness. She also reported pain in both shoulders and weakness in her right hand at times. Her medications reportedly helped to reduce the pain slightly, then rated at 8-9/10 on the pain scale. She reported no working at the time. She was then recommended a percutaneous spinal cord stimulator and acupuncture and to continue her medications as prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient spinal cord stimulator (SCS):** Upheld

**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 Spinal cord stimulators AND CRPS, Page(s): 105-107; 35-37.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that spinal cord stimulators (SCS) is indicated only in the following situations: 1. Failed back surgery syndrome, 2. Complex regional pain syndrome/reflex sympathetic dystrophy, 3. Post amputation pain (phantom limb pain), 4. Post herpetic neuralgia, 5. Spinal cord injury dysesthesias (radiculopathy related to spinal injury), 6. Pain associated with multiple sclerosis, and 7. Peripheral vascular disease causing pain. SCS may be recommended only after careful counseling and comprehensive multidisciplinary medical management and with continued physical therapy. The criteria for complex regional pain syndrome/reflex sympathetic dystrophy includes continuing pain or hyperalgesia which is disproportionate to the injury/event, evidence of edema and changes in skin blood flow or abnormal sudomotor activity, and no other diagnosis would account for the degree of pain/dysfunction. In the case of this worker, it is unclear for which complaint (shoulders/arms vs. legs/feet) the spinal stimulator was intended to treat. It is not clear that other diagnoses that may be causing her pain have been fully ruled out in order to consider CRPS as a diagnosis. Without clarity in the request for which body part and complaint, and without clear evidence suggesting the diagnosis of CRPS is appropriately designated for this worker, the current request for the peripheral spinal cord stimulator is not medically necessary.