

<b>Case Number:</b>	CM14-0199573		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	07/07/2008
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 sustained a work related injury on July 7, 2008, with finger crushing amputations that occurred due to a printing press accident. The Primary Treating Physician's report dated October 3, 2014, noted the injured worker with persistent flare-ups of pain about the left hand, with hypersensitivity, color, and temperature changes, and neuromas about the palm of the left hand. The injured worker was noted to be not working at that time. A Pain Management report dated October 15, 2014, noted the injured worker with left arm and hand pain, decreased by medication and heat. The injured worker was noted to have undergone extensive reconstructive surgery and neuroma resection of the left hand, and an inconclusive spinal cord stimulator trial. The injured worker's previous conservative treatments were noted to include therapy, ice/heat, injections, and medication. The injured worker was noted to be status post crush injury to the left hand with multiple surgeries and partial amputation, with reflex sympathetic dystrophy of the upper limb and opioid type dependence. A request was made for authorization for a spinal cord stimulator trial with fluoroscopy and moderate sedation. On November 26, 2014, Utilization Review evaluated the request for a spinal cord stimulator trial with fluoroscopy and moderate sedation, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted the injured worker was status post previous spinal cord stimulator trial, with no information in the records submitted that would indicate the level or duration of relief experienced with the previous trial. The UR Physician noted that there was no comprehensive record of decreased medication intake or increased functional response in completing activities of daily living. The UR Physician noted there was no indication that the injured worker was diagnosed with phantom limb pain, post herpetic neuralgia, or spinal cord dysesthesias, or pain associated with multiple sclerosis or peripheral vascular disease. The UR Physician noted that given the clinical documentation for review, medical necessity of the

request for spinal cord stimulator trial with fluoroscopy and moderate sedation had not been established. The decision was subsequently appealed to Independent Medical Review.

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

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

**Spinal Cord Stimulator Trial with Fluoroscopy and Moderate Sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

**Decision rationale:** This injured worker does not meet established criteria for spinal cord stimulator. Specifically the injured worker had a trial of spinal cord stimulator placement, but the results of the trial are not clearly documented. In addition, the psychiatric evaluation is not included in the medical records. Also, the medical records do not indicate that the injured worker has a proper diagnosis that guidelines would warrant placement of the spinal cord stimulator for treatment. Medical records do not support the use of the spinal cord stimulator in this case. The request for a Spinal Cord Stimulator Trial with Fluoroscopy and Moderate Sedation is not medically necessary.