

<b>Case Number:</b>	CM15-0138158		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	06/18/2008
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 51-year-old male who sustained an industrial injury on 6/18/08. Injury occurred when he tripped and fell, breaking his fall with his left upper extremity. Past surgical history was positive for left shoulder arthroscopy subacromial decompression, capsular release, and debridement of a labral tear on 6/11/09, left total wrist fusion with posterior interosseous neurectomy and extensor pollicus longus tendon transfer on 9/16/13, and wrist manipulation under anesthesia on 1/24/14 with inadvertent fracture of the ulna requiring open reduction and internal fixation of the left ulna on 2/14/14. The injured worker was subsequently diagnosed with CRPS (complex regional pain syndrome) Type II of the left upper extremity. Conservative treatment included medications, stellate ganglion blocks, activity modification, and physical therapy. The 6/11/15 treating physician report documented worsening left wrist pain with colder weather. He reported prior use of ketamine troches with 30-40% pain relief, but no current insurance coverage. The injured worker had failed all other opioids including methadone, Dilaudid, Oxycodone, morphine, Norco, Nucynta, Oxycontin, Opana, Fentanyl, and Butrans. Left wrist exam documented severe tenderness, deformity, erythema, and swelling. There was left wrist allodynia, glistening on the wrist and forearm, stable coloration, and no active wrist range of motion. He had some finger range of motion, and was wearing a half arm cast. Authorization was requested for a spinal cord stimulator trial. The 6/24/15 utilization review non-certified the request for a spinal cord stimulator trial as there was no evidence of psychological clearance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator trial, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

**Decision rationale:** The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have not been fully met. This injured worker presents with intractable left wrist pain. He has been diagnosed with CRPS Type II of the left upper extremity. Detailed evidence of long-term comprehensive pharmaceutical and non-pharmaceutical treatment and failed has been documented. However, there is no evidence of the required psychological clearance prior to the spinal cord stimulator trial. Therefore, this request is not medically necessary at this time.