

<b>Case Number:</b>	CM15-0163282		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/07/2001
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 50 year old male who sustained an industrial injury on 5-7-01. His initial complaints and the nature of the injury are unavailable for review. The 4-23-15 pain management progress note indicates diagnoses of chronic pain due to trauma, reflex sympathetic dystrophy of the lower limb, ad phantom limb syndrome. His history indicates traumatic bilateral leg amputations. He presented to the pain management office with complaints of bilateral leg pain, noting a pain rating of "5 out of 10" in the left leg and describing it as "sharp and spasm, stabbing without radiation". The report noted that he underwent a L3-4 left lumbar sympathetic block with fluoroscopy on 2-16-16 with noted pain relief of two weeks. His medications included Simvastatin, Amlodipine, Duloxetine, Warfarin, and Lisinopril. The treatment recommendations included a spinal cord stimulator, indicating that he had undergone "multiple procedures over the years for his reflex sympathetic dystrophy and stump pain". The report states that he has "obtained relief from sympathetic injections". However, "he is looking for more long-term relief".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial:** Overturned

**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 SCS Page(s): 106-107.

**Decision rationale:** The California MTUS section on SCs trial states: Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. "Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.)" Post amputation pain (phantom limb pain), 68% success rate; Post herpetic neuralgia, 90% success rate; Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury); Pain associated with multiple sclerosis; Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004) Review of the records shows the patient to have CRPS with failed conservative therapy. Therefore, the request is medically necessary.