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| <b>Case Number:</b>   | CM15-0213429 |                              |            |
| <b>Date Assigned:</b> | 11/03/2015   | <b>Date of Injury:</b>       | 10/23/2014 |
| <b>Decision Date:</b> | 12/15/2015   | <b>UR Denial Date:</b>       | 10/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2015 |

### 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 44-year-old female who sustained an industrial injury on 10/23/14. Injury occurred when she was assisting a wheel-chair bound student exit a doorway and struck a steel door frame with the dorsum of her left hand. The 10/23/14 left hand and wrist x-rays documented no acute fractures. Past medical history was positive for hypertension and hypoglycemia. Initial conservative treatment included approximately 18 visits of physical therapy with slow improvement. The 1/21/15 left hand MRI revealed probable erosive and degenerative changes to the head of the third metacarpal. There was prominent degenerative change to the head of the first proximal phalanx and first interphalangeal joint, and synovitis of the metocarpophalangeal joints. The 6/25/15 bone scan revealed symmetric decreased blood flow and blood pool and bone activity to left forearm and wrist and hand compatible with reflex sympathetic dystrophy. The 9/18/15 neurologic agreed medical examiner (AME) report documentation a diagnosis of blunt trauma injury left hand with subsequent development of complex regional pain syndrome (CRPS) with spread to the bilateral upper extremities. Future medical care was recommended to include a significant increase in her Neurontin dose or change to Lyrica if this was not tolerated. Referral to a pain specialist was recommended for upper extremity stellate ganglion blocks and for medication considerations. The 10/1/15 initial pain management report cited bilateral hand pain, greater on the left side with associated symptoms of swelling, burning, pins and needles, and numbness. Pain was rated as 4-8/10 and constant. Pain was worse with left upper extremity use and she had some minimal relief with rest. Functional difficulty was noted in work activity, sleep, and family life. She had tried anti-inflammatory

medications and Tylenol without significant symptom relief. She had not tried physical therapy. She was currently taking cyclobenzaprine, gabapentin, and tizanidine. There were notable skin and nail changes on the left hand, positive allodynia and hyperesthesia of the volar surface of the hypothenar eminence, and capillary refill greater than 2 seconds. The diagnosis was complex regional pain syndrome Type 1 of the left upper extremity. The treatment plan included left stellate ganglion block, psychological evaluation, topical compound cream, and Zanaflex. The injured worker was given spinal cord stimulator information to review at home. The 10/15/15 psychological evaluation report deemed the injured worker a psychologically suitable candidate for elective spinal cord stimulator trial. Authorization was requested for a spinal cord stimulator trial with 2 leads. The 10/28/15 utilization review non-certified this request for a spinal cord stimulator trial as there was not evidenced that the injured worker had failed all conservative treatment as she was scheduled for a diagnostic/therapeutic stellate ganglion block and had not yet tried physical therapy.

### **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 2 leads, Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

**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 (CRPS). Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have not been met. This injured worker presents with signs/symptoms and diagnostic findings consistent with the diagnosis of complex regional pain syndrome. Psychological clearance for a spinal cord stimulator trial was noted. Conservative treatment has included activity modification, medications, and initial physical therapy without sustained improvement. A stellate ganglion block and medication alterations have been recommended without evidence of completion. At this point, it does not appear that the injured worker has exhausted all less invasive procedures. Therefore, this request is not medically necessary at this time.