

<b>Case Number:</b>	CM15-0054070		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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:

The injured worker is a 32-year-old female who sustained an industrial injury on 12/12/12. The mechanism of injury was not documented. She was diagnosed with complex regional pain syndrome (CRPS), primarily lower extremity disease, major depression, pain syndrome with psychological factors, narcotic dependency, rapid dental decay, and stress neurodermatitis. The 2/17/15 treating physician report indicated the injured worker was doing extremely poorly. She had severe lower extremity CRPS symptoms with profound edema. Ketamine infusion trial had been denied. She had been compliant with narcotic detox and was using Suboxone for pain. Physical exam documented profound swelling and mottling of both lower extremities with allodynia and hyperalgesia. Her gait was cane dependent. She has intractable CRPS symptoms and had failed conservative treatment. Authorization was requested for spinal cord stimulator trial with psychological clearance. The 3/4/15 utilization review certified a request for psychological clearance for the spinal cord stimulator trial. The requests for spinal cord stimulator trial and unit were non-certified as the psychological clearance had not been obtained and there was no indication that the stimulator would be used in conjunction with a comprehensive multidisciplinary program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Spinal cord stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101 and 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Spinal cord stimulators.

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

**Decision rationale:** As the spinal cord stimulator trial is not supported, this request is not medically necessary.

**Spinal cord stimulation trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): s 101 and 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Spinal cord stimulators.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 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 met. The injured worker has been diagnosed with intractable symptoms of complex regional pain syndrome. The request for spinal cord stimulator trial was accompanied by a request for psychological clearance which was certified. There are potential psychological factors documented which require evaluation prior to proceeding with the spinal cord stimulator trial. Therefore, this request is not medically necessary at this time.