

<b>Case Number:</b>	CM14-0126362		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/06/1998
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 46-year-old female with a 5/6/98 date of injury. At the time (5/23/14) of request for authorization for Spinal Cord Stimulator, there is documentation of subjective (chronic severe pain; bilateral upper extremity shooting, stabbing and tingling pain with increased sensitivity to touch; and lower extremity pain with muscle spasms and shooting pain bilaterally) and objective (hypersensitivity and allodynia over the dorsum of both hands, weakness of the right upper extremity, tenderness to palpation over the gastrocnemius, and left foot drop) findings, current diagnoses (complex regional pain syndrome type I, lower extremities bilaterally, and complex regional pain syndrome type I, left upper extremity; and depression/anxiety), and treatment to date (medications, physical therapy, home exercise program, and TENS unit). Medical report identifies a request for a spinal cord stimulator trial with discussion on the risks of the procedure and all questions addressed. There is no documentation that the SCS will be used in conjunction with comprehensive multidisciplinary medical management, and will be combined with 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints; Ankle and Foot Compalints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, spinal cord stimulators (SCS) Page(s): 38.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of careful counseling and patient identification, the SCS will be used in conjunction with comprehensive multidisciplinary medical management, and SCS will be combined with physical therapy, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of CRPS/RSD. Within the medical information available for review, there is documentation of diagnoses of complex regional pain syndrome type I, lower extremities bilaterally, and complex regional pain syndrome type I, left upper extremity; and depression/anxiety. In addition, there is documentation of careful counseling and patient identification. However, there is no documentation that the SCS will be used in conjunction with comprehensive multidisciplinary medical management, and will be combined with physical therapy. Therefore, based on guidelines and a review of the evidence, the request for Spinal Cord Stimulator is not medically necessary.