

<b>Case Number:</b>	CM14-0161390		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 42-year-old male with an 8/15/12 date of injury. At the time (8/28/14) of request for authorization for Spinal Cord Stimulator trial for right upper extremity, there is documentation of subjective (severe and constant right upper extremity pain, joint swelling, numbness, tingling, and burning of the right hand and index and middle fingers) and objective (restricted right wrist range of motion with tenderness over the dorsal aspect of the midline, and positive Tinel's sign; right hand inability to make a fist, 8 degrees varus deformity of the right index finger at the proximal interphalangeal joint, diaphoresis of the right hand with some mottling, restricted motion of the right hand and fingers, allodynia and diffuse tenderness to palpation over the right index finger, and swelling of the index and long finger) findings. Current diagnoses are Complex Regional Pain Syndrome (CRPS) of the right hand and right upper limb, and treatment to date has included physical modalities, activity modification, stellate blocks, and medications. Medical report identifies the patient is not a candidate for surgery and that the risks and benefits of the spinal cord stimulator (SCS) trial were explained to the patient. 7/8/14 psychological evaluation report identifies that the patient is a suitable candidate for an SCS trial. 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 (SCS) trial for right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 107.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of careful counseling and patient identification, along with documentation that the SCS will be used in conjunction with comprehensive multidisciplinary medical management and 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 a diagnosis of CRPS of the right hand and right upper limb. In addition, there is documentation of careful counseling and patient identification. However, despite documentation of psychological clearance for the procedure and failure of therapy with stellate blocks, medications, and physical modalities, there is no (clear) 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 trial for right upper extremity is not medically necessary.