



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 03/27/08

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Spinal cord stimulator

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation,  
Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. I reviewed a summary of report from Dr. dated 10/02/02 defining a right fourth metacarpal fracture requiring open reduction and internal fixation subsequent to a crush injury. She was also suspected at that time of having a complex regional pain syndrome.
2. I reviewed a psychiatric record review from Dr. dated 10/16/06. He had not actually seen her and stated it was difficult to determine if there was symptom overlay or secondary issues without examining her. He referenced major inconsistency in the record review. He also made reference that there was apparently surveillance indicating that she was using her right upper extremity much more than she had reported her ability to do so.
3. On 09/07/07 Dr. made a notation that the documentation did not support the complex regional pain syndrome, and given that she had a somatiform pain disorder, the likelihood of a complex regional pain disorder was minimal.

4. I reviewed a report from Dr. dated 01/16/08.
5. I reviewed a report from Dr. dated 01/07/08. In that report she describes the injured employee to have swelling in her hands. She stated there was a claw form deformity of the right hand with hypesthesia of the right hand. This was rather unusual, since complex regional pain disorders have hypersensitivity, not hypersensitivity, as the term hypesthesia would imply. It is reported there was atrophy of the intrinsic hand muscles on the right side.
6. I reviewed a retrospective Peer Review report from Dr. and Dr. Their opinion was that she did not have a complex regional pain disorder.
7. ODG Guidelines were not presented for review.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The injured employee sustained a crush injury to her right hand with a fracture to the fourth metacarpal for which she underwent open reduction and internal fixation. She ultimately was felt to have a complex regional pain disorder for which she underwent stellate ganglion blocks, but the records do not contain detailed information as to what the response may have been. There was discussion of somatiform disorder and an inconsistency between surveillance and her apparent demonstration of functional capabilities to examiners. She is on numerous medications including hydrocodone, Sonata, Neurontin, Celebrex, Lexapro, lisinopril, Crestor, alprazolam, probenecid, Premarin, and Zanaflex. She has had no psychiatric or neuropsychiatric assessment that I have seen in the records.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

As there is some disagreement as to whether or not she really has a complex regional pain disorder, implanting a spinal cord stimulator would be a rather drastic step to take, particularly with the inconsistencies noted in surveillance and the overriding somatiform disorder that has been offered as a diagnosis. Although the ODG guidelines did report that use of a spinal cord stimulator may be appropriate for complex regional pain disorder, in a case where that diagnosis is not confirmed, and the response to ganglion blocks has not been detailed, proceeding with the spinal cord stimulator, in my opinion, is not supported.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgment, clinical experience and expertise in accordance with accepted medical standards.

- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)