

Case Number:	CM13-0003825		
Date Assigned:	12/13/2013	Date of Injury:	08/13/2005
Decision Date:	04/04/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/26/2013

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 48-year-old male with an 8/13/05 date of injury. At the time of request for authorization for trial of spinal cord stimulation, there is documentation of subjective (pain 4/10) findings, current diagnoses (crushing injury of foot, obesity unspecified, reflex sympathetic dystrophy of the lower limb, and morbid obesity), and treatment to date (medication and regional block of the right ankle and foot). There is no 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF SPINAL CORD STIMULATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS Page(s): 101, 107.

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 crushing injury of foot, obesity unspecified, reflex sympathetic dystrophy of the lower limb, and morbid obesity. However, there is no 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. Therefore, based on guidelines and a review of the evidence, the request for trial of spinal cord stimulation is not medically necessary.