

<b>Case Number:</b>	CM13-0005769		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/02/2004
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 Physician 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:

The injured worker is a 53-year-old male who reported an injury on 01/02/2004 after a missed step while exiting a truck. The injured worker reportedly injured his left ankle that ultimately resulted in surgical intervention. The injured worker's treatment history also included multiple medications, postoperative physical therapy, and acupuncture. The injured worker was evaluated on 09/05/2013. It was documented that the injured worker continued to have low back pain with significant left ankle pain that caused pain with ambulation. The injured worker's diagnoses included lumbosacral multilevel disc herniation with retrolisthesis, left ankle tenosynovitis with a talar osteochondral lesion, and status post left foot surgery with open reduction and internal fixation due to a comminuted fracture, and left sided plantar fasciitis. The injured worker's treatment plan included a neurological evaluation of the left ankle to rule out complex regional pain syndrome. The injured worker was evaluated in 04/2013 by a pain management specialist. It was documented that the injured worker failed to respond to multiple conservative treatments and a recommendation for a spinal cord stimulator was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINAL CORD STIMULATOR FOR THE LEFT FOOT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105.

**Decision rationale:** The requested SPINAL CORD STIMULATOR FOR THE LEFT FOOT is not medically necessary or appropriate. The MTUS guidelines do support the use of spinal cord stimulators in the management of complex regional pain syndrome. However, the clinical documentation submitted for review does not clearly indicate that the injured worker has been diagnosed with this syndrome. Additionally, the MTUS guidelines recommend a trial of a spinal cord stimulator. There is no documentation that the injured worker has undergone a spinal cord stimulator trial to establish the efficacy of this treatment modality. As such, the requested SPINAL CORD STIMULATOR FOR THE LEFT FOOT is not medically necessary or appropriate