

Case Number:	CM13-0017009		
Date Assigned:	10/11/2013	Date of Injury:	10/14/2005
Decision Date:	06/27/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/27/2013

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 Orthopedic Surgery has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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:

The injured worker reported an injury to his low back. The initial injury occurred on 10/14/05 when he was pulling a piece of heavy metal out of a furnace. Eighteen days subsequent to the injury, an x-ray revealed a piece of metal embedded in the injured worker's foot. The injured worker struck the piece of metal with a sledgehammer in order to break it and a piece of metal fractured striking his left foot and burning through the workboot. The injured worker underwent emergency surgery for the foreign body removal. The clinical note dated 08/05/13 indicates complaints of 9/10 pain in the low back. The injured worker stated he has difficulty ambulating or getting out of bed each morning. The injured worker described the pain as a dull, aching, and sharp sensation. Radiating pain was identified into the lower extremities. The injured worker also reported a heavy sensation that spreads into the left lower back; this sensation is also reported as radiating pain traveling up the leg. The note does indicate the injured worker having been diagnosed with complex regional pain syndrome at the left ankle. Pain is rated at the left ankle as 4-9/10. The injured worker underwent physical therapy three times a week over a 6 week period. It is noted the therapy was not particularly beneficial in alleviating the damage to the left foot. The injured worker reported upon removal of the cast following the 2nd procedure, no sensation in the toes or at the bottom of the foot. Postoperatively, the injured worker underwent a 2-3 week course of physical therapy. The note does indicate the injured worker having undergone an ORIF at the right foot and ankle as well. There is an indication the injured worker has previously undergone a heart procedure for an irregular heartbeat. A spinal cord stimulator trial had previously been scheduled. However, with the heart procedure being scheduled as well, the spinal cord stimulator trial was delayed. The clinical note dated 06/17/13 indicates the injured worker continuing with left lower extremity difficulty. The injured worker also had reported periodic palpitations. The clinical note dated 06/11/13 indicates the injured

worker continuing with complaints associated with CRPS. The clinical note dated 10/24/12 indicates the injured worker having complaints of anxiety and depression as well as mood swings and irritability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SPINAL CORD STIMULATOR TRIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Spinal cord stimulators, Page(s): 105-107.

Decision rationale: The documentation indicates the injured worker having been diagnosed with complex regional pain syndrome (CRPS) at the left ankle following a traumatic injury from a heated piece of metal. A spinal cord stimulator trial is indicated for patients with CRPS. However, no information was submitted regarding the injured worker's previous completion of a psychological trial. Additionally, the information regarding the injured worker's conservative treatment is incomplete as no information was submitted regarding the injured worker's recent completion of conservative therapies. Therefore, the request for 1 spinal cord stimulator trial is not medically necessary and appropriate.

1 PSYCH CLEARANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal dru.

Decision rationale: The documentation indicates the injured worker having significant findings regarding complex regional pain syndrome (CRPS) in the left lower extremity. The injured worker has recently been recommended for a spinal cord stimulator trial. Additionally, the clinical notes indicate the injured worker having complaints of increased anxiety and depression along with mood swings and irritability. Given the psychological component described in the clinical notes and taking into account the injured worker being recommended for a spinal cord stimulator, this request is medically necessary and appropriate.