

Case Number:	CM13-0032597		
Date Assigned:	12/11/2013	Date of Injury:	06/24/2008
Decision Date:	03/13/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 patient is a 46-year-old male who was injured on June 24, 2008 when he jumped to get out of the way of a rolling tractor trailer. He was struck on the right lower extremity and tossed ten to fifteen feet away from the truck, resulting in a right fibular fracture. . He continues to experience lower back pain. The diagnoses included complex regional pain syndrome of the right lower extremity, lumbar disc bulges, lumbar spine radiculopathy, lumbar facet joint pain, and sacroiliac joint pain. The treatment included medication, lumbar epidural treatment, and lumbar sympathetic radiofrequency ablation. The request for authorization for spinal cord stimulator was submitted on August 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial for lumbar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulators.

Decision rationale: In this case the indication for the treatment was CRPS, which is a controversial diagnosis. The evaluation was positive for pain above expected, dysesthesias, myofascial pain, changes in skin color and stiffness. The description for the difference in skin color was inadequate. There are no vasomotor changes, atrophy, or changes in hair or nail characteristics. There is insufficient documentation in the medical record to support the diagnosis of CRPS. In addition ODG recommends psychological screening prior to all SCS implantations. There is no documentation that the patient has undergone psychological screening. The spinal cord stimulator is not recommended.