

<b>Case Number:</b>	CM13-0042174		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/13/2011
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 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:

The claimant is a 50 year old injured February 13, 2011. The current clinical records of November 21, 2013 indicated the claimant to be with continued complaints of pain about the right foot with a diagnosis of three prior ankle surgeries since the time of injury with continued objective findings showing limited range of motion with symmetrical pulses, well healed incisions and notable color change in temperature difference from the left foot compared to the right. The claimant is noted to be with prior abnormal electrodiagnostic studies consistent with a sensory and partial motor loss. The current assessment is Chronic Pain Syndrome with right foot Chronic Regional Pain Syndrome Type I. Based on the failed conservative care and measures that have been noted over the past year the recommendation at that time was for continuation of medication management and physical therapy and acupuncture. The specific request is for a spinal cord stimulator trial, but the review of clinical records do not indicate that the treatment had been discussed with the claimant. A review of previous records dating back to September also do not indicate documentation that a spinal cord stimulator trial was discussed. There is also no indication of a psychological workup or evaluation for clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A SPINAL CORD STIMULATOR (SCS) TRIAL WITH MULTIPLE PERCUTANEOUS LEADS:** 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 Spinal Cord Stimulators Page(s): 105-107.

**Decision rationale:** Based on the California MTUS Chronic Pain Guidelines the claimant is with a diagnosis of Chronic Regional Pain Syndrome Type I. There is no current documentation as to discussion of the trail of the above device with the claimant or documentation of prior psychological workup that would support the need of a trial. The claimant's clinical assessment at present would not support its need given the lack of discussion and appropriate preprocedural workup.