

<b>Case Number:</b>	CM13-0047733		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/08/2012
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54 year old female with a date of injury of 12/08/2012. The listed diagnoses per [REDACTED] are: 1) Pain in joint of ankle and foot 2) Enthesopathy of ankle and tarsus 3) Reflex sympathetic Dystrophy of lower limb According to report dated 09/25/2013 by [REDACTED], the patient presents with continued right ankle pain. The patient is status post open reduction internal fixation of the right ankle in December 2012. She rates her pain as 6/10 and states her medications are less effective. She reports swelling and pulsating pain in her ankle and heel. The patient is status post lumbar sympathetic block on 7/15/13 with no relief. She has finished a course of therapy which "helped temporarily." Patient's current medications includes Neurontin 600mg, Lidocaine Hcl 4%, Motrin 600mg and Nortriptyline Hcl 10mg. Provider states patient has developed Complex Regional Pain Syndrome and has significant continued with pain and restriction in ROM, post ORIF. The patient has tried PT, lumbar sympathetic blocks and medications. The request is for psychological testing and a trial spinal cord stimulator (SCS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SCS TRIAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS (SCS)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATION Page(s): 105-107.

**Decision rationale:** The patient presents with continued right ankle and heel pain. The provider is requesting a psychological testing and a trial spinal cord stimulator. Utilization review dated 10/08/2013 approved the request for the psychological evaluation and denied the trial spinal cords stimulator. Under spinal cord stimulation, the MTUS Guidelines page 105 to 107 states, "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease. MTUS page 101 also requires a psychological evaluation prior to spinal cord stimulator trial. In this request and in review of the 110 page medical file provided, there is no indication that the psychological clearance has been performed. The patient very well may be a candidate for spinal cord stimulation but psychological clearance is needed prior to a trial SCS. Recommendation is for denial.