

<b>Case Number:</b>	CM13-0054628		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 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 injured worker is a 25 year old female who reported an injury on 02/16/2010 secondary to her foot being run over by a car. The diagnosis included complex regional pain syndrome of the left foot. The injured worker was evaluated on 01/14/2013 for psychological evaluation prior to spinal cord stimulator trial and was not recommended for trial at that time. The injured worker was re-evaluated on 05/20/2013 and recommended for the trial for the spinal cord stimulator. The injured worker was evaluated on 10/23/2013 for re-evaluation after spinal cord stimulator trial. The exam noted a 70% reduction in pain level, no soft tissue swelling or deformity with tenderness proximal to the second to fourth toes. The treatment plan included permanent placement of spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Section Page(s): 105-107.

**Decision rationale:** The request for Percutaneous Implantation of Neurostimulator electrode array, epidural is certified. The California MTUS Guidelines recommend spinal cord stimulators with careful counseling. The injured worker was evaluated and cleared for the spinal cord stimulator trial and attained 70% reduction of pain after the trial. The injured worker would benefit from permanent placement at this time given the successful trial. Therefore, based on the documentation provided, the request is medically necessary and appropriate.