

<b>Case Number:</b>	CM13-0055645		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 on 03/01/2013. The mechanism of injury was a hot piece of metal fell onto his foot and burned his left foot. The documentation of 09/04/2013 revealed the injured worker underwent a dorsalis pedis artery flap closure on 03/12/2013, had postoperative wound healing complications and continued to complain of constant left ankle and foot burning pain described as sharp, shooting, and burning from above the ankle/lower shin down to the toes on the dorsal and plantar aspects of the foot. It was associated with pins and needles sensation, hypersensitivity to touch, and skin discoloration. The objective findings indicated the injured worker's left ankle and foot was dark in color, hypersensitive to light touch, had allodinia, and was cold to touch compared to the right side, and the injured worker additionally had a bluish nail bed. The documentation of 10/21/2013 revealed the same findings. The diagnoses was CRPS and ankle/foot pain, and the treatment plan included a spinal cord stimulator and Lyrica. The EMG/NCV study of 02/17/2014 revealed an abnormal study. The findings included the left lateral plantar motor nerve showed decreased motor unit amplitude with normal onset latency which can be found in cases of isolated atrophy of the flexor digiti minimi abrevus. Unobtainable medial and lateral plantar sensory nerves may also occur in healthy subjects and does not itself confirm the presence of tarsal tunnel syndrome. No electrodiagnostic evidence of lumbosacral plexopathy or mononeuropathy involving the left sural and peroneal nerves.

### 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:** 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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SPINAL CORD STIMULATORS, CRPS DIAGNOSTIC CRITERIA, 105-106, 35-36

**Decision rationale:** California MTUS guidelines recommend spinal cord stimulators for the treatment of CRPS. However, prior to implantation, there must be a psychological evaluation. The injured worker needs to meet the CRPS diagnostic criteria, which include: (1) the presence of an initiating noxious event or cause of immobilization that leads to the development of the syndrome; (2) continuing pain, allodynia, or hyperalgesia which is disproportionate to the inciting event and/or spontaneous pain in the absence of external stimuli; (3) evidence at some time of edema changes in blood flow or abnormal pseudo motor activity in the pain region; and (4) the diagnoses excluded by the existence of conditions that would otherwise account for the degree of pain or dysfunction. Criteria 2 through 4 must be satisfied to make the diagnosis. The clinical documentation submitted for review indicated the injured worker met criteria 1, 2, and 3. However, there was the lack of documentation indicating the injured worker met criteria #4. However, the injured worker subsequently underwent an EMG which did not support the diagnosis. There was the lack of documentation indicating the injured worker had undergone a psychological evaluation prior to the requested treatment. The request as submitted failed to indicate whether it was for a permanent placement or for a trial of the implantation. Given the above, the request for a percutaneous implantation of neurostimulator electrode array epidural is not medically necessary.