

Case Number:	CM13-0061420		
Date Assigned:	12/30/2013	Date of Injury:	04/05/2011
Decision Date:	05/12/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, 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 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 63 year old male who was injured on 04/15/2011 when approximately 150 pounds or heavier oxygen tank fell off the truck approximately 5 feet and fell onto his anterior foot across the first three toes where most damage was sustained by the great toe. Prior treatment history has included physical therapy and injections. The patient received right L2 sympathetic block however declined any further block because previous block was ineffective. The patient underwent right first MTP joint cheilectomy, right first toe amputation stump medial and lateral digital Neuroma excision on 10/11/2012. Medications include Cymbalta 60 mg, Gabapentin 300 mg, Doxycycline 100 mg, Ibuprofen 800 mg, Lidocaine 3% cream and Nucynta (failed med). Progress note dated 11/21/2013 documented the patient to have complaints of right foot pain. Pain level has remained unchanged since last visit. No new problems or side effects. Quality of sleep is poor. His activity level has decreased. The patient is taking his medications as prescribed. He states the medications are less effective. No side effects reported. Patient notes that he continues to have numbness and burning in the right foot, particularly where the toe was cut off. Objective findings on exam included the patient has antalgic gait and does not use assistive devices. Examination of the right foot reveals tenderness to palpation is noted over the proximal interphalangeal joint of the 1st toe and 1st metatarsal. Motor strength of ankle dorsiflexion is 5/5 on right side, knee extensor is 5/5 on right, knee flexor is 5/5 on right, hip flexor is 5/5 on right. On sensory examination light touch sensation is decreased over 1st toe on the right side. On examination of deep tendon reflexes, knee jerk is 2/4 on both sides, ankle jerk is 2/4 on both sides. There is no evidence of edema. No evidence of varicosities. There is a scar, vertical, 3 cm over 1st MTP great toe. There is a scar/amputation to IP joint area great toe. There is a bulbous right great toe amputation stump.

There is right foot erythema. The right foot is cooler in temperature. The right great toe has allodynia and hypersensitivity. The patient walks with the right forefoot supinated to prevent full weight bearing to the right great toe area. Diagnoses: right foot pain and causalgia of lower limb. Treatment Plan: Patient notes that he continues to have numbness and burning in the right foot, particularly where the toe was cut off. He notes that he has been reviewing the SCS (spinal cord stimulator) educational material and is interested in pursuing treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE REFERRAL FOR SPINAL CORD STIMULATOR OR INTRATHECAL PUMP TRIAL EVALUATION: 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 STIMULATORS Page(s): 105-107.

Decision rationale: According to MTUS Guidelines, referral for spinal cord stimulator or intrathecal pump trial evaluation is recommended for patients who have failed less invasive procedures or continue to have pain for greater than 6 months for specific conditions. These conditions include failed back syndrome, complex regional pain syndrome, phantom limb pain, post-herpetic neuralgia, peripheral vascular disease, and spinal cord dysesthesias. According to the medical records, the medication gabapentin was recently increased from 300 mg t.i.d. to 600 mg t.i.d. According to the guidelines, there should be a psychological evaluation prior to consideration of a spinal cord stimulator or intrathecal pump trial. Given that the employee's medication was recently changed, it is too soon to determine if the medication change was effective to alleviate symptoms. Given the criteria and current clinical status, the request is non-certified.