

Case Number:	CM13-0061940		
Date Assigned:	12/30/2013	Date of Injury:	06/12/2012
Decision Date:	03/24/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/05/2013

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 Orthopedics and is licensed to practice in New York and New Hampshire. 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 49-year-old female who presents with low back ache and left foot pain. The patient has a date of injury June 12, 2012 and she was injured at work when a wheelchair ran over her foot.. EMG nerve conduction study performed September 2012 showed no evidence of lumbar radiculopathy and mild suggestion of peripheral motor polyneuropathy. MRI the lumbar spine showed mild degenerative changes with no evidence of significant spinal stenosis in the lumbar spine. MRI of the left foot showed subchondral cyst formation in the navicular bone and mild signal alteration of the distal first metatarsal compatible with postoperative change. Physical examination shows reduced range of motion of the lumbar spine. There is also spasm and tenderness of the paraspinal muscles. Lumbar facet loading is positive on both sides. Left foot exam shows restricted range of motion at the metatarsophalangeal joint of the first toe. There is 4-5 weakness of the left ankle dorsiflexors. Dysesthesias are present over the second and third toe on the left side and hyperesthesia over the second and third toe on the left side. Medications include Cymbalta, Flexeril, Naprosyn, amitriptyline, Voltaren gel and Motrin. Psychiatric testing reveals moderate to severe depression, moderate anxiety, severe anchor, severe negative catastrophic thinking. Patient has a diagnosis of depressive disorder and chronic pain associated with both psychological factors and orthopedic condition. At issue is whether spinal cord stimulator trial is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Spinal Cord Stimulator Trial, Medtronic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient does not meet established MTUS criteria for spinal cord stimulator trial. Guidelines note that spinal cord stimulation device for chronic regional pain syndrome may be appropriate after psychiatric evaluation and counseling of the patient. In this case there is no indication that the patient has had a spinal cord stimulator specific psychiatric clearance evaluation which notes whether or not the patient is a candidate for the trial. The patient has had psychiatric treatment and carry several psychiatric diagnoses to include depression and anxiety. However, there is no documentation of a formal psychiatric visit with the purpose of evaluation for candidacy for spinal cord stimulator trial. Because the medical record do not include a psychiatric evaluation specific to spinal cord stimulation use, the patient does not meet criteria for spinal cord stimulation. Guidelines indicate that patient's left first have a psychiatric evaluation relating to spinal cord stimulator use appropriateness before having a trial spinal cord stimulator for the treatment of chronic pain condition.