

<b>Case Number:</b>	CM13-0067142		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Occupational 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 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:

According to the records made available for review, this is a 41-year-old female with a 5/8/12 date of injury. At the time of request for authorization for Spinal Cord Stimulator (SCS) trial, Psychological evaluation for Spinal Cord Stimulator (SCS) trial, and Foot cradle for bed, there is documentation of subjective (low back pain radiating to the left lower extremity, significant pain to light touch to the left leg from the knee distally, swelling of the left foot, decreased ankle range of motion, and color changes to the foot) and objective (allodynia in the femoral nerve distribution, along the saphenous nerve on the medial aspect of the calf, limited range of motion of the toes on extension and flexion, and no range of motion of the ankle due to pain versus foot drop) findings, current diagnoses (status post lumbar spine L4-S1 fusion and CRPS), and treatment to date (epidural steroid injection and medications). Regarding the requested Spinal Cord Stimulator (SCS) trial, there is no documentation that less invasive procedures is contraindicated, a psychological evaluation prior to a trial, and that the SCS will be used in conjunction with comprehensive multidisciplinary medical management and will be combined with physical therapy. Regarding the requested Psychological evaluation for Spinal Cord Stimulator (SCS) trial, there is no documentation that less invasive procedures are contraindicated and that the SCS will be used in conjunction with comprehensive multidisciplinary medical management and will be combined with physical therapy. Regarding the requested Foot cradle for bed, there is no documentation of a rationale indicating the medical necessity of the requested foot cradle for bed and that the request represents medical treatment to be reviewed for medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator (SCS) trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter. Additionally, Chronic Pain Medical Treatment Guidelines, Complex Regional Pain Syndrome (CRPS), pages 35-37.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators; CRPS, spinal cord stimulators Page(s): 105-107; 38.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of CRPS/RSD, careful counseling and patient identification, that the SCS will be used in conjunction with comprehensive multidisciplinary medical management, and that SCS will be combined with physical therapy, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of CRPS/RSD. Within the medical information available for review, there is documentation of diagnoses of status post lumbar spine L4-S1 fusion and CRPS. In addition, there is documentation that the patient has undergone at least one previous back operation, primarily lower extremity pain, and less invasive procedures have failed (epidural steroid injections). However, there is no documentation that less invasive procedures are contraindicated. In addition, given documentation of an associated request for psychological evaluation for SCS trial, there is no documentation of a psychological evaluation prior to a trial. Furthermore, there is no documentation that the SCS will be used in conjunction with comprehensive multidisciplinary medical management and will be combined with physical therapy. Therefore, based on guidelines and a review of the evidence, the request for Spinal Cord Stimulator (SCS) trial is not medically necessary.

**Psychological evaluation for Spinal Cord Stimulator (SCS):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter and American College of Occupational and Environmental Medicine (ACOEM), Chapter 6, page 115. Chronic Pain, pages 224-226.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of failed back syndrome (persistent pain in patients who have undergone at least

one previous back operation), primarily lower extremity pain, less invasive procedures have failed or are contraindicated, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of CRPS/RSD, careful counseling and patient identification, that the SCS will be used in conjunction with comprehensive multidisciplinary medical management, and that SCS will be combined with physical therapy, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of CRPS/RSD. Within the medical information available for review, there is documentation of diagnoses of status post lumbar spine L4-S1 fusion and CRPS. In addition, there is documentation that the patient has undergone at least one previous back operation, primarily lower extremity pain, and less invasive procedures have failed (epidural steroid injections). However, there is no documentation that less invasive procedures are contraindicated. In addition, there is no documentation that the SCS will be used in conjunction with comprehensive multidisciplinary medical management and will be combined with physical therapy. Therefore, based on guidelines and a review of the evidence, the request for Psychological evaluation for Spinal Cord Stimulator (SCS) trial is not medically necessary.

**Foot cradle for bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter and American College of Occupational and Environmental Medicine (American College of Occupational and Environmental Medicine (ACOEM)., Chapter 14, page 362.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (<http://www.drugs.com/cg/how-to-use-bed-cradles-and-footboards.html>).

**Decision rationale:** MTUS and ODG do not address the issue. Medical evidence identifies documentation of sensitive skin, burns, open skin sores, or infections; conditions/injuries (such as paraplegia, pressure ulcer, or unable to lie in bed for long periods of time), as criteria necessary to support the medical necessity of foot cradle. Within the medical information available for review, there is documentation of diagnoses of status post lumbar spine L4-S1 fusion and CRPS. In addition, there is documentation of allodynia and significant pain to light touch to the left leg from the knee distally. However, there is no documentation of a rationale indicating the medical necessity of the requested foot cradle for bed and that the request represents medical treatment to be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for Foot cradle for bed is not medically necessary.