

Case Number:	CM14-0108826		
Date Assigned:	08/01/2014	Date of Injury:	08/14/2011
Decision Date:	09/12/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/14/2014

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 Emergency 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:

The mechanism of injury is described as right foot injury during fall. Patient has a diagnosis of right ankle CRPS (Complex Regional Pain Syndrome) type 1, right ankle fracture post-surgery, right leg neuropathic pain syndrome and chronic myofascial pain syndrome. Patient is post right ankle Open Reduction Internal Fixation (ORIF) in 8/30/11, left knee fluoroscopic knee injection in 12/12 and right sided L4 sympathetic block on 2/27/13. Of the medical records reviewed, the last report available was from 7/15/14. Patient complains of right ankle burning pain. Pain is severe, burning right foot pain. Pain is 7-9/10. Patient also has complaints of low BCD pains. Objective exam reveals restricted range of motion of right ankle and foot. Healed surgical scar. Diminished light touch in right leg and foot. Excessive perspiration and decreased circulation noted. Right extensor hallucis longus (EHL) and planter flexors have decreased strength. Noted back spasms. There appears to be problematic and conflicting diagnosis of CRPS. Report by Panel QME neurologist dated 3/13/14 does not agree that patient has CRPS. There is some conflicting claims concerning effects of sympathetic blocks with the treating physician stating in report on 4/22/14 that patient had improvement with the blocks and that the pain is consistent with CRPS. However, carrier has agreed to diagnosis of CRPS. Report on 6/9/14 by neuropsychologist for assessment for candidacy for spinal cord stimulator states that patient is a good candidate for spinal cord stimulator trial. Electrodiagnostic studies of bilateral lower extremities (9/6/12) reveals right sural and right peroneal neuropathy. Independent Medical Review is for spinal cord stimulator trial, implantable neurostimulator electrode and external patient programmer for neurostimulator electrode. Prior UR on 7/11/14 recommended non-certification. It certified request for Morphine ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial quantity 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator (SCS) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators(SCS) Page(s): 105-107.

Decision rationale: As per MTUS Chronic pain guidelines, spinal cord stimulators (SCS) may be recommended under specific conditions. It is recommended for diagnosis of CRPS (Complex Regional Pain Syndrome) type 1 with failed conservative management. Patient also has had a psychological clearance for trial of SCS. Patient meets criteria for trial of spinal cord stimulator. Therefore, the request is medically necessary.

Implantable neurostimulator electrode quantity 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator (SCS) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators(SCS) Page(s): 105-107.

Decision rationale: As per MTUS chronic pain guidelines, spinal cord stimulators (SCS) may be recommended under specific conditions. It is recommended for diagnosis of CRPS (Complex Regional Pain Syndrome) type 1 with failed conservative management. Patient also has had a psychological clearance for trial of SCS. Patient meets criteria for trial of spinal cord stimulator. The implantable neurostimulator electrode is part of the trial and is medically necessary.

**Patient programmer (external) for use with implantable programmer quantity 1:
Overturned**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator (SCS) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators(SCS) Page(s): 105-107.

Decision rationale: As per MTUS chronic pain guidelines, spinal cord stimulators (SCS) may be recommended under specific conditions. It is recommended for diagnosis of CRPS (Complex Regional Pain Syndrome) type 1 with failed conservative management. Patient also has had a psychological clearance for trial of SCS. Patient meets criteria for trial of spinal cord stimulator. The programmer is part of the trial and is medically necessary.