

Case Number:	CM14-0153477		
Date Assigned:	10/13/2014	Date of Injury:	08/12/2010
Decision Date:	12/02/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/19/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 38 year old male employee with date of injury of 8/12/2010. A review of the medical records indicates that the patient is undergoing treatment for osteoarthritis of the ankle and food and reflex sympathetic dystrophy. He has also had 2 unspecified surgeries of the right ankle. Subjective complaints include constant right ankle pain that is sharp and throbbing. Pain becomes worse with any activity or movement. Objective findings include abnormal skin color in right lower extremity, limited range of motion, motor neglect, mechanical allodynia, cold allodynia, and hyperalgesia to pinprick. Tenderness to palpation noted over talofibular ligament. His right ankle movements were restricted with eversion limited to 20 degrees and inversion to 10 degrees limited by pain. Patient is able to put weight on right ankle, pain noted. Treatment has included physical therapy with only temporary relief. Medications included Gabapentin tablet, Methoderm ointment, Hydrocodone, Benadryl, Celebrex, Nortriptyline HCl, and Omeprazole. Patient was also prescribed a Tramadol and Methoderm ointment. The utilization review dated 9/11/2014 non-certified the request for Trial Spinal Cord Stimulator with Fluoroscopic Guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Spinal Cord Stimulator with Fluoroscopic Guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological Evaluation and SCS

Decision rationale: According to MTUS Guidelines, "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain." Indications for stimulator implantation per MTUS are listed below- Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60 percent success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar.- Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90 percent success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.)- Post amputation pain (phantom limb pain), 68 percent success rate-Post herpetic neuralgia, 90 percent success rate - Spinal cord injury dysesthesia (pain in lower extremities associated with spinal cord injury)-Pain associated with multiple sclerosis - Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80 percent success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004)While SCS is an option for CRPS/RSD, there were no medical imaging study reports provided. The treating physician did not detail a trial and failure of oral neuropathic medications. In fact the patient is currently utilizing Gabapentin, a neuropathic medication. In addition, the treating physician did not detail any psychological screening that was performed for chronic pain. The treating physician has not provided medical documentation to meet the above guidelines at this time. As such, the request for a trial of SCS with Fluoroscopic Guidance is not medically necessary at this time.