

<b>Case Number:</b>	CM14-0157942		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 59-year-old patient who sustained an injury on 5/2/12 while employed by [REDACTED]. Request(s) under consideration include Trial of spinal cord stimulator. Diagnoses include right foot puncture wound with post-operative pain syndrome, CRPS with probable nerve injury. Electrodiagnostic studies of 2/26/13 showed no evidence of entrapment syndrome. MRI of right ankle dated 11/3/12 showed well corticated ossification at calcaneus; mild subcortical edema adjacent to fragment; small ovoid fluid at sinus tarsi. Report of 12/13/13 noted patient with altered gait and pain radiating into lower extremities; underwent Marcaine and Depomedrol injection with continued PT. Report of 6/9/14 noted exam findings of diffuse tenderness throughout right foot and ankle with mild swelling, mottled skin, limited range; and dysesthetic sensation along medial foot. Report of 7/18/14 noted recommended medications of Celebrex, Lyrica, and Pennsaid. Report of 8/15/14 from orthopedic provider noted patient's pain getting worse with persistent symptoms in the right foot and ankle along medial midfoot and hindfoot radiating into leg; and pain in Achilles tendon with swelling on activities. Exam showed patient walking with antalgic gait; uses a cane; right foot with somewhat discolored and tender to touch at hind and mid foot; restricted ankle motion with dorsiflexion to neutral, plantar flexion of 30 degrees; diminished subtalar motion; pain with foot and ankle motion. Medications list Naproxen. Past surgical history list appendectomy. Plan noted doubt in any surgical procedure in the foot and ankle for symptom improvement with recommendation for SCS trial and medication management of what appears to be CRPS. The request(s) for Trial of spinal cord stimulator was non-certified on 9/26/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of spinal cord stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Stimulator Implantation Page(s): 106-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators (SCS), pages 105-107 & Psychological evaluations Page(s): 101-102.

**Decision rationale:** MTUS guidelines state that spinal cord stimulators are only recommended for selected patients as there are limited evidence of functional benefit and efficacy for those with failed back surgery syndromes. It may be an option when less invasive procedures are contraindicated or has failed and prior psychological evaluations along with documented successful trial are necessary prior to permanent placement for those patients with diagnoses of failed back syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; confirmed CRPS; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet these criteria and have not adequately demonstrated any failed conservative treatment, ADL limitations, clear specific clinical findings, and psychological evaluation/ clearance to support for SCS. The trial of spinal cord stimulator is not medically necessary and appropriate.