

Case Number:	CM14-0167654		
Date Assigned:	10/14/2014	Date of Injury:	11/12/2008
Decision Date:	12/11/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 37-year-old female with an 11/12/08 date of injury, when she sustained a left ankle injury from a trip and fall. The patient underwent left ankle surgeries in 2008 and 2010 and was receiving sympathetic nerve blocks with some help. The progress notes indicated that in 2012 the patient received a one-week trial of spinal cord stimulation for chronic pain and was not able to tolerate it. The patient underwent psychological evaluation on 7/9/14. The patient was seen on 8/21/14 with complaints of severe left foot and ankle pain with swelling and discoloration of the foot. The patient stated that Lazanda trial worked well for her and that she has not started PT yet. The patient rated her pain and mood 10/10 and her functional level 9/10. Exam findings revealed pain in the left foot with swelling and radiation to the back. There was ongoing allodynia with color changes and the patient's gait was antalgic. The diagnosis is CRPS type I and type II, unspecified myalgia and myositis, reflex sympathetic dystrophy in the low limb and lumbago. Treatment to date: 2 left ankle surgeries, cane, crutches, PT, work restrictions, left stellate ganglion blocks, muscle relaxants, sympathetic nerve blocks and medications. An adverse determination was received on 9/10/14 for a lack of documentation indicating trial and effectiveness from SCS and lack of psychological examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent Spinal Cord Stimulator Implant to be done by [REDACTED]/denied by physician advisor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines & ODG criteria for SCS trial placement include a diagnosis of CRPS, psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and that there are no contraindications to a trial. In addition, Neurostimulation is generally considered to be ineffective in nociceptive pain. However the progress notes indicated that in 2012 the patient received a one-week trial of spinal cord stimulation for chronic pain and was not able to tolerate it. In addition, there is a lack of documentation indicating subjective and objective functional gains from a SCS trial. Lastly, there is no rationale with regards to the goals and expectations from SCS permanent placement for the patient. Therefore, the request for Permanent Spinal Cord Stimulator Implant was not medically necessary.