

<b>Case Number:</b>	CM14-0021453		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of March 17, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; sacroiliac joint injection therapy; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated January 23, 2014, the claims administrator denied a request for a spinal cord stimulator trial, citing the reported lack of psychological clearance and concerns over possible infection on or around the date in question. The claims administrator based its decision on progress notes of December 2, 2013, and December 11, 2013, it was suggested. The applicant's attorney subsequently appealed. In a December 2, 2013 progress note, the applicant reported ongoing complaints of hip and low back pain. The applicant was status post two hip surgeries. The applicant apparently developed a subsequent infection and required two incision and drainage surgeries in July 2012, it was stated. The applicant was limping considerably and was under the concurrent care of a pain management specialist, it was stated. The applicant had previously been seen by a rheumatologist and an infectious disease physician, it was stated. The applicant was using Percocet, OxyContin, and Zantac. Allodynia and hyperalgesia were appreciated about the left leg. The applicant was given a diagnosis of a possible complex regional pain syndrome of the left lower extremity. A consultation with a CRPS-1 (complex regional pain syndrome) specialist and infectious disease specialists were endorsed. The attending provider noted that the applicant had had some recent elevation in C-reactive protein but stated that he did not believe the applicant had any frank infections at this late stage. On January 24, 2014, hip MR arthrography was sought. The remainder of the file was surveyed. There was no evidence that the applicant

had completed a psychologic evaluation prior to pursuit of the proposed spinal cord stimulator trial. In a handwritten note dated December 11, 2013, the applicant's pain management physician furnished prescriptions for OxyContin, Percocet, and Mobic. Ongoing complaints of the back and hip pain, 7/10, reportedly attributed to the sacroiliac joint were sought. Allodynia and hyperalgesia were appreciated about the left leg. It was stated that the applicant could consider a spinal cord stimulator trial after consulting with a neurologist.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Spinal cord stimulator trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) spinal cord stimulation trial

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Stimulator Implantation, Psychological Evaluations, IDDS (Implantable Drug Deliv.

**Decision rationale:** While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that indications for spinal cord stimulator implantation include failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injuries, dysesthesias, pain-associated multiple sclerosis, and/or peripheral vascular disease, in this case, however, there is in fact, a considerable lack of diagnostic clarity. It is not clear that the applicant in fact carries a bona fide diagnosis of complex regional pain syndrome of the lower extremity. While several of the applicant's providers suggested that this could be the source of the applicant's complaints, other providers and/or the same providers, at times, suggested that the applicant might have other pathology, including possible sacroiliac joint pathology and/or intraarticular hip pathology. The request, thus, is difficult to support given the considerable lack of diagnostic clarity present here and lack of clearly established diagnosis which would qualify for spinal cord stimulator implantation. Furthermore, page 101 of the MTUS Chronic Pain Medical Treatment Guidelines recommends a psychological evaluation as a precursor to pursuit of a spinal cord stimulator trial. Here, however, the applicant has not completed the prerequisite, precursor psychological evaluation prior to consideration of the proposed spinal cord stimulator trial. Therefore, the request is not medically necessary.