

Case Number:	CM14-0025386		
Date Assigned:	06/11/2014	Date of Injury:	10/16/2008
Decision Date:	07/18/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 41-year-old male who reported an injury after a piece of steel fell on his right foot on 10/16/2008. The clinical note dated 02/11/2014 indicated a diagnosis of complex regional pain syndrome to the lower extremity, opiate safety program completed, and chronic pain syndrome. The injured worker was status post spinal cord stimulator trial 01/02/2014 through 01/09/2014. The injured worker reported approximately 50% improvement in pain of the right foot. However, he reported additional low back pain at the insertion point. The injured worker reported a reduction in swelling of his right foot during the trial and reported he walked longer periods of time without resting. The injured worker reported he reduced his oral medications to 2 morphine daily and to 2 to 3 oxycodone on some days. The injured worker reported he wanted to proceed with the implant. On physical examination of the right foot, the injured worker had moderate allodynia and restricted range of motion in all directions with pain. The injured worker's prior treatments included diagnostic imaging, surgery, and spinal cord stimulator trial and medication management. The injured worker's medication regimen included OxyContin, Lyrica, Tizanidine, Prilosec, Clonidine and Oxycodone. The provider submitted a request for a referral to an orthopedic surgeon for consult and treatment for a spinal cord stimulator implant. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO ORTHOPEDIC SURGEON FOR CONSULT & TREATMENT FOR SPINAL CORD STIMULATOR IMPLANT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators. Decision based on Non-MTUS Citation ACOEM, Chapter 7, independent Medical Examination and consultations regarding Referrals.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 105.

Decision rationale: The California MTUS/ACOEM guidelines state referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair failure of conservative treatment to resolve disabling radicular symptoms. The guidelines also indicate psychological clearance indicates realistic expectations and clearance for the procedure. The guidelines recommend spinal cord stimulators only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indication for stimulator implantation is Complex Regional Pain Syndrome with primary outcome of 50% or more pain relief at 6 months. Although the injured worker reported 50% improvement in his pain level and reduction in his oral medication after the spinal cord stimulator trial, it was not indicated in the documentation submitted if the injured worker received a psychological clearance for the spinal cord stimulator implant. Therefore, the request for a referral to an orthopedic surgeon for consult and treatment for a spinal cord stimulator implant is not medically necessary and appropriate.