

<b>Case Number:</b>	CM14-0045681		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Medicine 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 49 year old male whose date of injury is 05/20/2011. The mechanism of injury is described as a crush injury when a lift gate on a dump truck slammed down on his left foot. Diagnoses are reflex sympathetic dystrophy and chronic pain syndrome. Treatment to date includes left foot compartment release surgery on 05/21/11, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS), facet blocks, bracing, ankle blocks and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous Trial of Spinal Cord Stimulator:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 105-107.

**Decision rationale:** CA MTUS Guidelines require that an injured worker undergo a pre-procedure mental health evaluation to assess the injured worker's appropriateness for the procedure and to address any potentially confounding issues. There is no indication that the

injured worker has undergone a pre-procedure psychological evaluation. Therefore, the request is not in accordance with CA MTUS Guidelines and is not medically necessary and appropriate.