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| Case Number: | CM14-0045996 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 06/30/2011 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 03/11/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 claimant is a 54-year-old female injured worker with an ankle injury related to a work injury dated 6/30/11. Per a progress report dated 2/12/14, she complained of pain rated 8/10. She has reflex sympathetic dystrophy of the right lower extremity. Upon physical exam, she had decreased sensation and there was hypersensitivity over the foot. She had tenderness along the Achilles. The foot was cool. She was status post right ankle arthroscopy. The electromyography and nerve conduction velocity testing (EMG/NCV) performed 11/25/13 revealed that the right anterior tibialis showed isolated chronic neuropathic findings which were suggestive of right chronic L4/L5 radiculopathy. However, the findings were nonspecific since there were no other confirmatory findings with other muscles. There was no electrodiagnostic evidence of lumbosacral plexopathy, peripheral neuropathy, or mononeuropathy involving bilateral tibial, sural and peroneal nerves. MRI of the lumbar spine dated 10/14/13 revealed a right lateral recess focal disc protrusion narrowing the right lateral recess region and a small disc bulge causing mild-to-moderate right and mild left-sided neural foraminal stenosis at L4-L5. At L5-S1, there was a 2mm disc bulge with a superimposed left far lateral zone 2mm disc protrusion. There was mild bilateral facet disease; there was mild-to-moderate bilateral neural foraminal stenosis without spinal canal stenosis. The documentation submitted for review does not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision at issue here was 3/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible spinal cord stimulator evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 127, and the ODG, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators, pages 105-106, and Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems and spinal cord stimulators) Page(s): 101.

Decision rationale: With regard to spinal cord stimulators, the MTUS Chronic Pain Medical Treatment Guidelines state they are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Among the indications for stimulator implantation are Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), with a 70-90% success rate, at 14 to 41 months after surgery (it is noted that: this is a controversial diagnosis) and Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury). Per the MTUS Chronic Pain guidelines on page 101, psychological evaluations are recommended before a spinal cord stimulator trial. As the documentation does not state that this has been completed, the request is determined to be not medically necessary.