

Case Number:	CM14-0069233		
Date Assigned:	07/14/2014	Date of Injury:	06/30/2011
Decision Date:	09/09/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/14/2014

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 Physical Medicine and Rehabilitation 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:

This 54 year-old patient sustained an injury on 6/30/11 while employed by [REDACTED]. Request(s) under consideration include Spinal Cord Stimulator (SCS) trial. The patient is s/p ankle surgery. MRI of the lumbar spine dated 10/14/13 showed right small disc protrusion at L4-5 with narrowing of right lateral recess; small disc bulge with mild/mod neural foraminal stenosis; and trace retrolisthesis of L4 and L5 with disc bulge at L5-S1. Report of 3/26/14 from the provider noted the patient with ongoing right ankle pain with hypersensitivity of right side with color change- signs and symptoms of Complex Regional Pain Syndrome (CRPS) rated at 8-10/10. Exam showed hypersensitivity over foot; ankle dorsiflexion/ plantar flexion of 5/40 degrees; tenderness over Achilles. Treatment included SCS trial. Report of 3/19/14 from another provider noted patient with severe right foot pain currently on medications. Exam showed antalgic gait favoring left lower extremity; equivocal SLR, diminished light touch along right L4-5; allodynia and hyperalgesia of right foot. Diagnoses included CRPS in right lower extremity; chronic foot pain; chronic pain syndrome with history of ankle surgery. Request(s) for Spinal Cord Stimulator trial was non-certified on 4/9/14 citing guidelines criteria and lack of medical necessity.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, CRPS Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, spinal cord stimulators (SCS) Page(s): 38.

Decision rationale: There is no medical clearance from psychologist noted. MTUS guidelines state that spinal cord stimulators are only recommended for selected patients as there are limited evidence of functional benefit and efficacy for those with failed back surgery syndromes. It may be an option when less invasive procedures are contraindicated or has failed and prior psychological evaluations along with documented successful trial are necessary prior to permanent placement for those patients with diagnoses of failed back syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet these criteria. Submitted reports have not adequately demonstrated any failed conservative treatment or ADL limitations to support SCS trial. The Spinal Cord Stimulator trial is not medically necessary and appropriate.