

<b>Case Number:</b>	CM14-0094650		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Illinois. 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 with a reported date of injury on 07/25/2012. The injury reportedly occurred when the injured worker began to descend the ladder or scaffold, and fell backwards, and landed on his feet. His diagnoses were noted to include right lower extremity chronic regional pain syndrome and neuropathic pain and lumbosacral spondylosis, neuralgia/neuritis, and ankle joint pain. His previous treatments were noted to include surgery, medications, splint, crutches, and a lumbar sympathetic block. The progress note dated 06/05/2014 reveals complaints of lower extremity pain and allodynia. The physical examination revealed significant right ankle and foot pain. There was moderately severe lumbar facetogenic tenderness to the bilateral lumbar facets. The right side was greater than left with loading, twisting, and turning from the L4 to the unknown region. The right foot had significant allodynia as well as pain with weight bearing. There was also hyperpigmentation as well as edema to the right foot and ankle. The progress note dated 07/01/2014 revealed complaints of a swollen right toe due to a recent fall, and an increase in low back pain. The injured worker reported he continued to suffer from significant pain; however, the use of his medications allowed him to walk with the assistance of a cane as well as drive. The injured worker wasn't able to participate in regular work activities because of his pain. His activities were limited secondary to pain to the right lower extremity and the low back. The physical examination revealed significant allodynia along the right foot to the ankle with swollen as well as the great toe with tenderness to the great toe and some mild allodynia. There was hyperpigmentation throughout the right foot and ankle as well as temperature changes of the nail on the right foot. The Request For Authorization form dated 07/02/2014 was for a stimulator trial for the complex regional pain syndrome. The Request for Authorization form for the L medial branch block Levels 3-4 L4-5, L5-S1 right was not submitted within the medical records for low back pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **L Medial Branch Block Levels 3-4 L4-5, L5-S1 right: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Diagnostic Blocks.

**Decision rationale:** The request for medial branch block was previously authorized with modification. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to the facet neurotomy at the diagnosed levels. The guidelines criteria for the use of diagnostic blocks for facet mediated pain is a clinical presentation should be consistent with facet pain signs and symptoms such as tenderness to palpation in the paravertebral areas (over the facet region), a normal sensory examinations, absence of radicular findings, and a normal straight leg raising exam. The guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than 70%. The pain response should last at least 2 hours for lidocaine. The diagnostic blocks for facet-mediated pain are limited to patients with low back pain that is nonradiular and at no more than 2 levels bilaterally. There must be documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels are injected at 1 session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated, and diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. There is a lack of documentation regarding failure of physical therapy, or a home exercise program. There is a lack of documentation regarding a neurological examination. Additionally, the request is for 3 levels of the medial branch block and the guidelines recommend no more than 2 levels of blocks at a time. Therefore, the request is not medically necessary.

### **Spinal Cord Stimulator Trial for the Right Lower Extremity: 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator, page 105-107, Psychological Evaluations, page 101. Page(s): 105-107, 10.

**Decision rationale:** The injured worker has been diagnosed with complex regional pain syndrome to the lower extremity. The California Chronic Pain Medical Treatment Guidelines recommends the spinal cord stimulators only for selected patients in cases when less than basic

procedures have failed or are contraindicated. Although, there is limited evidence in favor of spinal cord stimulators for failed back surgery syndrome and complex regional pain syndrome type 1, more trials are needed to confirm whether a CS is an effective treatment for certain types of chronic pain. The supporting evidence is significantly supplemented and enhanced when combined with a new fit individually based observational evidence gained through an individual trial prior to implant. The guidelines indication for a stimulator implantation is failed back syndrome, more helpful for lower extremity than low back pain, although both stand to benefit, 40% to 60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered ineffective in treating nociceptive pain. This procedure should be employed with more caution in the cervical region than in the thoracic or lumbar region. The indications include the complex regional pain syndrome with a 70% to 90% success rate, at 14 to 41 months after surgery. The indications also include post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, and pain associated with multiple sclerosis. The guidelines recommend a psychological evaluation prior to a spinal cord stimulator trial. There is a lack of documentation regarding a psychological evaluation prior to requesting the spinal cord stimulator trial. The injured worker is receiving psychotherapy; however, there was not an evaluation in preparation for a spinal cord stimulator trial submitted within the medical records. Therefore, the request is not medically necessary.