MAXIMUS Federal Services

Case Number:	CM13-0012074		
Date Assigned:	11/08/2013	Date of Injury:	11/25/2008
Decision Date:	01/14/2015	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/16/2013

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 Internal Medicine and is licensed to practice in Maryland. 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 is a 60 year old gentleman who sustained a work related injury on 11/25/2008. The mechanism of injury is not provided. Per the most recent Primary Treating Physician's Progress Report dated 7/10/2013, the injured worker reported swelling in the right foot and tripping over his feet more often, occasionally necessitating the use of a cane to ambulate. He reports some back pain because his shoes are worn out and is making an appointment for new orthopedic shoes. He reports that the TENS unit provides temporary pain relief for a few hours. He has been using it for two months. He soaks his feet in water to reduce the swelling and continues to require oral pain medication. His daily pain level is 8 out of 10 on a 0 to10 verbal scale. The pain is described as throbbing and is located on the stump where a neuroma was excised. He can be on his feet for 30 minutes at a time before having to sit due to pain. Past medical treatment has included ankle and foot surgery times three. He had a lateral stabilization of the right ankle and excision of the right exostosis dorsal aspect of the right foot and an excision of the neuroma of the third interspace right foot. The date provided for foot surgery is 2010. Physical Examination revealed the right foot larger than the left, a mildly antalgic gait and a healed incision on the dorsum of the foot and over the tarsal tunnel area. Foot was sensitive to the touch over the lateral malleolus incision. Diagnoses included pain in joint of ankle and foot, reflex sympathetic dystrophy of upper limb and neuropathy in other diseases. The plan of care included continued follow up care. Per the report, there is increased activity and functionality with the use of opiate therapy. On 7/19/2013, Utilization Review non-certified a prescription for a spinal cord stimulator trial based on lack of medical necessity. The CA MTUS Spinal Cord Stimulator (SCS) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal cord stimulator CRPS

Decision rationale: The employee was a 58 year old male with history of complex regional pain syndrome of his right foot. He had ongoing pain at 8/10, throbbing. He was on Norco and Neurontin for pain. Pertinent examination findings included pain in the third interpace right foot, pain with extreme inversion, pain in the stump of the previously excised neuroma, vasomotor and pilomotor changes and sensitivity over the lateral malleolus incision. The request was for spinal cord stimulator trial. According to Official Disability Guidelines, spinal cord stimulators are recommended only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. The employee had complex regional pain syndrome. He had four foot surgeries. He had been treated with Norco, Neurontin, TENS unit and home exercise program. But he continued to have pain due to his CRPS. Given the failure to improve with conservative management, a spinal cord stimulator trial seems medically necessary and appropriate.