

<b>Case Number:</b>	CM15-0101870		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	07/15/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 44-year-old female, who sustained an industrial injury on 7/15/12. He reported a left foot and ankle burn. The injured worker was diagnosed as having left foot pain, plantar fasciitis, left foot neuroma of third metatarsal, left foot lateral malleolar 3rd degree burn and lateral malleolar ligament strain and enthesopathy. Treatment to date has included oral medications including gabapentin and Mobic, topical medications including Lidoderm patches, physical therapy, orthotics and a night splint. Currently, the injured worker complains of left foot/ankle pain. Physical exam noted reduced weight bearing of left foot, 3rd toe pain and tenderness, lateral dorsal forefoot tenderness, 3rd metatarsal tenderness and plantar fascia and left ankle anterior lateral tenderness, lateral malleolus tenderness, limited range of motion, medial malleolus deep pressure tenderness. A request for authorization was submitted for a spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator (SCS) trial and removal lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 38,101 and 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Section Page(s): 105-107.

**Decision rationale:** The MTUS Guidelines recommend the use of spinal cord stimulator only after careful counseling and should be used in conjunction with comprehensive multidisciplinary medical management. It is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. The indications for stimulator implantation include 1) failed back syndrome 2) complex regional pain syndrome or reflex sympathetic dystrophy 3) post amputation pain 4) post herpetic neuralgia 5) spinal cord injury dysesthesias 6) pain associated with multiple sclerosis 7) peripheral vascular disease. SCS is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. The National Institute for Health and Clinical Excellence (NICE) of the UK just completed their Final Appraisal Determination (FAD) of the medical evidence on spinal cord stimulation (SCS), concluding that SCS is recommended as a treatment option for adults with chronic neuropathic pain lasting at least 6 months despite appropriate conventional medical management, and who have had a successful trial of stimulation. Recommended conditions include failed back surgery syndrome (FBSS) and complex regional pain syndrome (CRPS). Per available documentation, the injured worker is not diagnosed with failed back surgery syndrome (FBSS) or complex regional pain syndrome (CRPS). There is no documentation of failure with more conservative measures. There is no indication that the SCS would be used in conjunction with a comprehensive multidisciplinary program. The request for spinal cord stimulator (SCS) trial and removal lumbar spine is determined to not be medically necessary.