

Case Number:	CM15-0133053		
Date Assigned:	07/21/2015	Date of Injury:	01/24/2014
Decision Date:	08/17/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 47-year-old male who sustained an industrial injury on 1/24/14. Injury occurred when he was closing a 300-pound door on a roller dumpster and the door fell off, crushing his right foot. He sustained fractures of the right 2nd-5th metatarsals and a large laceration over the bottom of the foot. He underwent right foot open reduction and internal fixation with pins on 1/25/14. He was diagnosed with reflex sympathetic dystrophy of the right lower limb. The 6/23/15 treating physician report cited on-going right foot and ankle pain, rated as 5/10 standing and 7/10 while sitting. Pain was worse with weight bearing activities. Physical exam documented right calf and gastrocnemius atrophy, significant stiffness through range of motion of the toes, and 50% loss of right ankle range of motion. The right foot was cooler than the left, and had diffuse swelling with color changes laterally. There was increased redness over the medial dorsal aspect and decreased sensation to light touch to the foot. There was an area of discoloration with some venous stasis appearance over the lateral aspect of the dorsal foot. The diagnosis included reflex sympathetic dystrophy of the lower limb. Conservative treatment included sympathetic blocks, medications, exercise, physical therapy, and activity modification. The plan of care included a dorsal column stimulator trial. Authorization was requested for an outpatient spinal cord stimulator trial. The 7/1/15 utilization review non-certified the request for outpatient spinal cord stimulator trial as there was no evidence of a psychological clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator, Trial, Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS); Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems and spinal cord stimulator) trials Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have not been met. This injured worker sustained a traumatic right foot injury and has been diagnosed with complex regional pain syndrome/reflex sympathetic dystrophy of the right foot. Detailed evidence of a reasonable and/or comprehensive non-operative treatment and failure has been submitted. However, there was no evidence that psychological clearance. Therefore, this request is not medically necessary.