

<b>Case Number:</b>	CM15-0142909		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 year old 34 male who sustained an industrial injury on 12-12-2012. The injured worker denied acute trauma. The injured worker was diagnosed with complex regional pain syndrome and peripheral neuropathy of the lower extremities bilaterally. There was no medical history of diabetes mellitus. Treatment to date has included multiple diagnostic testing and laboratory blood work, neurology and rheumatology consultations, lumbar sympathetic nerve blocks time3 (February 16, 2015, February 23, 2015 and March 2, 2015), ambulatory devices, pain management, psychological evaluation for spinal cord stimulator (SCS) trial (June 15, 2015), physical therapy and medications. According to the primary treating physician's progress report on June 19, 2015, the injured worker continues to experience bilateral ankle and foot pain with swelling and sensitivity. The injured worker noted improvement with recent lumbar sympathetic nerve blocks. Examination revealed no deformities of the ankles with severe swelling and effusion throughout the ankles bilaterally. There was point tenderness and sensitivity on palpation of the bilateral feet and ankles. The injured worker has increased pain with range of motion documented as ankle dorsiflexion at 5 degrees bilaterally, plantar flexion at 40 degrees on the right, 35 degrees on the left, subtalar ankle joint eversion and inversion at 10 degrees each. Vascular pulses, deep tendon reflexes and motor strength were intact bilaterally. There was diminished sensation from the ankles to the toes bilaterally. Current medications are listed as Percocet 10mg-325mg, Lyrica, Soma, Vimovo and Xanax. The injured worker remains off work and on temporary total disability (TTD). Treatment plan consists of transfer of care to a rheumatology specialist, new crutches, Dilaudid 4mg prescription and the current request for a spinal cord stimulator (SCS) trial.

## 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:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This 34 year old male has complained of low back pain and lower extremity pain since date of injury 12/12/12. He has been treated with nerve blocks, physical therapy and medications. The current request is for spinal cord stimulator trial. Per the MTUS guidelines cited above a spinal cord stimulator trial is indicated only when other treatments have been maximized and for the following conditions: failed back surgery syndrome, chronic regional pain syndrome, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, pain associated with peripheral vascular disease. The available medical records do not contain adequate documentation of failure of other therapies nor do they contain documentation of any of the diagnoses listed above. On the basis of the available medical records and per the MTUS guidelines cited above, spinal cord stimulator trial is not indicated as medically necessary.