

<b>Case Number:</b>	CM15-0145674		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	03/04/1993
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: 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 78-year-old female who sustained an industrial injury on 3/04/93. Injury occurred when she slipped on a grate in the hallway and fell, fracturing her right ankle. Her course was complicated by the development of thrombophlebitis and reflex sympathetic dystrophy. Conservative treatment had included activity modification, oral medications, nerve blocks, physical therapy, IV regional blocks, lumbar sympathetic blocks, spinal cord stimulator, and implantable pain pump. The 8/11/14 through 5/27/15 pain management progress reports indicated that the injured worker was stable with use of the intrathecal pain pump and was able to perform normal activities. The 7/2/15 pain management report indicated that the injured worker suffered from chronic intractable lower back pain and complex regional pain syndrome of the lower extremity. She was seen for refill of her intrathecal drug delivery system. She reported she was doing okay but her knees were really bad, and was unable to do surgery. Pain was reported grade 5/10 and sometimes higher than 7/10. She was able to sit 30 minutes, stand 20 minutes, and walking was limited. She was able to sleep through the night without pain. She continued to do all her own activities of daily living, was able to drive herself, and did not use any assistive devices for ambulation. The treatment plan recommended ultrasound guided pump analysis refill, continued Dilaudid as needed, and stim trial. Authorization was requested for a stim trial. The 7/23/15 utilization review non-certified the request for a stim trial as the injured worker appeared to be doing well with her current pain pump with good functional activity levels, and records indicated that a prior implanted spinal cord stimulator had been discontinued due to diminished effect.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Stim Trial:** Upheld

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

**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 presents with a diagnosis of lower extremity complex regional pain syndrome. Current pain management using an intrathecal drug delivery system appears to be providing adequate pain relief. She is reported sleeping through the night without pain and able to perform all activities of daily living. The use of a previous spinal cord stimulator is noted in the medical records in the mid-1990s with discontinuation due to diminished effectiveness. There is no rationale presented in the submitted records to support the medical necessity of a stimulator trial at this time. Additionally, there is no evidence of a psychological clearance for a spinal cord stimulator trial. Therefore, this request is not medically necessary.