

<b>Case Number:</b>	CM15-0160295		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	08/12/2009
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 (n) 44 year old female, who sustained an industrial injury on 8-12-09. She reported injury to her left foot after falling off a ladder. She sustained an entrapment of the posterior tibial nerve, medial plantar and lateral plantar and had surgery in 2010. The injured worker was diagnosed as having chronic pain syndrome and complex regional pain syndrome. Treatment to date has included an EMG of the left foot, a psychological evaluation, Lyrica, Vicodin, Cymbalta and Zanaflex. On 5-27-15, the injured worker rated her left foot pain a 5 out of 10. As of the PR2 dated 7-22-15, the injured worker reports sharp, burning and throbbing pain in her left foot. She rates her pain a 5 out of 10. Objective findings include weakness in the left lower extremity below the knee, unable to walk on her toes and mild allodynia in the medial aspect of the left leg. The treating physician requested a spinal cord stimulation trial. A report dated July 22, 2015 states that the patient has been cleared psychologically for a spinal cord stimulator trial. A report dated May 29, 2015 from a psychologist states that the patient is cleared for spinal cord stimulator trial. A utilization review determination dated August 10, 2015 recommends non-certification of spinal cord stimulator trial due to lack of documentation that conservative treatment has been exhausted specifically sympathetic nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulation trial:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104 of 127 & Page 38, 101, 105-107 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, CRPS, sympathetic blocks (therapeutic).

**Decision rationale:** Regarding the request for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, the requesting physician has noted that all other conservative treatment options have failed. A psychological evaluation has strongly recommended moving forward with a spinal cord stimulator trial. Additionally, the previous utilization reviewer recommended denial due to lack of documentation that a sympathetic nerve block it been attempted. However, guidelines do not strongly support the use of sympathetic nerve blocks as they say that the evidence supporting their use is lacking. As such, the currently requested spinal cord stimulator trial is medically necessary.