

Case Number:	CM15-0182724		
Date Assigned:	09/23/2015	Date of Injury:	10/19/1999
Decision Date:	10/29/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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 47 year old female, who sustained an industrial injury on 10-19-99. She reported pain in the right foot. The injured worker was diagnosed as having chronic regional pain syndrome of the right lower extremity and status post right tarsal tunnel release with repair of right fifth metatarsal fracture using bone graft and hardware. Treatment to date has included use of a bone stimulator, tarsal tunnel release and bone graft placement, and medication. On 8-26-15 physical examination findings included antalgic gait and tenderness to palpation of the foot and ankle region. On 8-26-15 pain was rated as 3 of 10 with the highest pain level reaching 7 of 10. Currently, the injured worker complains of pain in the right ankle and foot with numbness and tingling. The treating physician requested authorization for a spinal cord stimulator trial. On 9-11-15 the request was non-certified; the utilization review physician noted the "guidelines state that spinal cord stimulators are recommended when less invasive procedures have failed and this does not appear to be the case here."

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

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). In this case, it is not evident that the injured worker has had a trial and failed with all methods of conservative treatment. Specifically, there is no indication that the injured worker has attempted life-style modifications or a trial of physical therapy for CRPS. The request for unknown spinal cord stimulator trial is not medically necessary.