

Case Number:	CM15-0197693		
Date Assigned:	10/13/2015	Date of Injury:	02/03/2009
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/07/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 is a 66 year old male who sustained an industrial injury on 2-3-2009. A review of the medical records indicates that the injured worker is undergoing treatment for foot pain and unspecified ankle and foot derangement. According to the progress report dated 9-11-2015, the injured worker complained of bilateral ankle and foot pain. He presented in a wheelchair due to increasing pain. He reported that medications were not being approved. The injured worker was interested in a spinal cord stimulator trial. He rated his least pain as 5 out of 10 and his worst pain as 10 out of 10. Per the treating physician (8-3-2015), the injured worker was not currently working. The physical exam (9-11-2015) of the right ankle revealed pain with movement. There was decreased sensation to light touch mainly on the lateral aspect of the foot. Exam of the left ankle revealed decreased range of motion. There was tenderness to palpation of the scars bilaterally. Treatment has included multiple surgeries, and medications (Oxycontin and Gabapentin). The request for authorization was dated 9-11-2015. The original Utilization Review (UR) (9-18-2015) denied a request for a psychological evaluation regarding a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation regarding spine cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS), Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

Decision rationale: The California MTUS does recommend psychological screening prior to SCS trials. The criteria for SCS trial are: Indications for stimulator implantation: "Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.); Post amputation pain (phantom limb pain), 68% success rate; Post herpetic neuralgia, 90% success rate; Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury); Pain associated with multiple sclerosis; Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004) The patient has a history of chronic foot and ankle pain and does not have any of the criteria listed above for SCS trial. Since SCS trials not indicated, the request for psychological screening is not medically necessary.