

Case Number:	CM15-0204823		
Date Assigned:	10/21/2015	Date of Injury:	08/13/2005
Decision Date:	12/03/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 50 year old male with a date of injury of August 13, 2005. A review of the medical records indicates that the injured worker is undergoing treatment for reflex sympathetic dystrophy with chronic pain and edema, right and ankle chronic neuralgia pain and weakness, and diabetes mellitus. Medical records dated July 21, 2015 indicate that the injured worker complained of constant numbness in the right foot, and pain rated at a level of 4 out of 10 at best, and 9 out of 10 at worst. A progress note dated September 21, 2015 documented complaints similar to those reported on July 21, 2015. The physical exam dated July 15, 2015 reveals no acute ischemic changes of the lower extremities, moderate non-pitting edema of the right lower extremity with muscle atrophy and tenderness of the plantar medial fascia on deep palpation, positive Tinel's along the dorsal cutaneous nerve, sural, saphenous, and posterior tibial nerve routes, decreased muscle strength of the right lower extremity, and decreased reflexes of the right lower extremity. Treatment has included "Multiple courses of physical therapy", bracing, right ankle nerve blocks, functional restoration program, transcutaneous electrical nerve stimulator unit, nerve conduction testing consistent with tarsal tunnel syndrome, and medications (Morphine ER, Norco, and Diclofenac). The utilization review (October 1, 2015) non-certified a request for a local injection (unspecified) and trial of a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Local injection (unspecified), QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot section, Injections.

Decision rationale: Pursuant to the Official Disability Guidelines, local injection (unspecified), QTY: 1 is not medically necessary. The ACOEM states invasive techniques (e.g. needle acupuncture and injection procedures) have no proven value with the exception of corticosteroid injections into the affected web space in patients with Morton's neuroma, plantar fasciitis or heel spur if 4 to 6 weeks of conservative therapy is ineffective. In this case, the injured worker's working diagnoses are CRPS type II lower limb. Date of injury is August 13, 2005. Request for authorization is September 21, 2015. According to August 24, 2015 progress note, the injured worker is being treated for CRPS II of the right foot. The injured worker underwent foot surgery (type) with a subsequent postoperative infection. The injured worker uses a hinged AFO brace. The injured worker obtains relief with right ankle nerve blocks. Objectively, there is no physical examination in the medical record. There is psychological evaluation in the medical record. Invasive techniques (injection procedures) have no proven value except in patients with Morton's neuroma, plantar fasciitis or heel spur. There is no documentation of Morton's neuroma, plantar fasciitis or heel spur. There is no clinical indication or rationale in the progress note documentation for a local injection. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and no clinical indication or rationale for local injection, local injection (unspecified), QTY: 1 is not medically necessary.

Trial of spinal cord stimulator, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Spinal cord stimulators (SCS).

Decision rationale: Pursuant to the Official Disability Guidelines, spinal cord stimulator trial #1 is not medically necessary. The indications for stimulator implantation are complex regional pain syndrome (CRPS) or failed back surgery syndrome when all of the following are present: there has been a limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse issues; no contraindication to a trial; permanent placement requires evidence of 50% pain relief with medication reduction or functional improvement after temporary trial. In this case, the injured worker's working diagnoses are CRPS type II lower limb. Date of injury is August 13, 2005. Request for authorization is September 21, 2015. According to August 24, 2015 progress note,

the injured worker is being treated for CRPS II of the right foot. The injured worker underwent foot surgery (type) with a subsequent postoperative infection. The injured worker uses a hinged AFO brace. The injured worker obtains relief with right ankle nerve blocks. Objectively, there is no physical examination in the medical record. There is psychological evaluation in the medical record. There is no psychology evaluation in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of a psychological evaluation and no physical examination, spinal cord stimulator trial #1 is not medically necessary.