

Case Number:	CM15-0027519		
Date Assigned:	02/19/2015	Date of Injury:	12/16/2011
Decision Date:	04/07/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/13/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 30 year old female who sustained an industrial injury on 12/16/2011. She has reported constant bilateral leg pain described as aching, throbbing, burning, tiring or exhausting, hot or burning, sharp, shooting stabbing, throbbing, chronic and constant. The pain was worse in the evening. The important triggers included no known associated factors and stress. The intensity of pain was rated as 7/10 when walking, and rated a 4/10 at its lowest and 8/10 at it's highest. Diagnoses include high ankle sprain of left lower extremity and complex regional pain syndrome of the lower limb, depression, migraine, and lumbar radiculitis. Treatments to date include physical therapy and a lumbar sympathetic block, IV Ketamine infusions (which gave 100% relief of her symptoms for 24-36 hours); compounded ketamine oral solution; Nortriptyline; Sumatriptan and indomethacin for headaches; Phenergan for nausea; medical marijuana for nausea and vomiting; omeprazole for GI upset; and Norco pain management; and medication management of chronic pain. A progress note from the treating provider dated 01/15/2015 indicates she has painful gait, and the examination of the bilateral extremities found the left extremity to have swollen feet, tenderness at the metatarsals and the talus with painful range of motion. Earlier the provider had requested ongoing meetings with a pain psychologist to help with coping skills and stress management, which she attended. The IW was discharged from a progressive rehabilitation center on 10/09/2014 with the notation that she had reached Maximum Medical improvement effective 10/09/2014. A psychological Agreed Medical Examination (AME) dated 12/03/2014 with future medical from pain management standpoint that the patient was still not psychiatrically permanent and stable. A query of the

Oregon Prescription Drug Monitoring Program (PMDP) confirmed that the IW did not have multiple opioid prescribers. A pre authorization request dated 01/08/2015 indicates a spinal cord stimulator trial was requested by her physician. On 01/15/2015 Utilization Review non-certified a request for Spinal Cord Stimulator. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators SCS, Indications for stimulator implantation, Failed back syndrome Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The patient presents with bilateral leg pain. The current request is for spinal cord stimulator. The treating physician states that the patient has radiation of her pain. She is limited in general activity. The MTUS guidelines state "Spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management." The psychological evaluation included does not address specifically the patient undergoing a spinal cord stimulator trial. The patient was found to be not particularly in favor of a stimulator. According to a psychological evaluation dated 12/02/14 (B131) the provider found the patient to be very high risk for needing explantation based on psychiatric presentation, past treatment and current reliance on marijuana. In this case, the treating physician has not provided a psychological evaluation supporting this patient undergoing a spinal cord stimulator trial. The current request is not medically necessary and the recommendation is for denial.