

Case Number:	CM15-0218614		
Date Assigned:	11/10/2015	Date of Injury:	12/01/2003
Decision Date:	12/22/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/06/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 43-year-old female who sustained an industrial injury on 12/1/03. Injury occurred when she twisted her right foot/ankle while stepping over boxes. Conservative treatment had included pool therapy, acupuncture, massage, physical therapy, injections, sympathetic blocks, medications, home exercise, and activity modification. The 7/23/15 treating physician report indicated that the injured worker was pending authorization for a spinal cord stimulator trial. She was not working. She was in obvious pain with a markedly antalgic gait. There was a prominent cavus deformity of the foot. She had right leg atrophy. Upper extremity exam documented positive right carpal and cubital tunnel Tinel's test with grip strength weakness. The diagnosis was status post right ankle ligamentous injury, severe right lower extremity complex regional pain syndrome, depressive disorder, and right upper extremity entrapment neuropathy secondary to chronic gait-assistive device. She was authorized for pre-operative psychological clearance for the spinal cord stimulator trial. The 9/18/15 psychosocial consultation and evaluation report documented that the injured worker was psychosocially stable to ready to undergo the spinal cord stimulator implantation surgery. The psychologist documented that the injured worker was taken off all her medications due to pregnancy. Authorization was requested for spinal cord stimulator (SCS) trial. The 10/14/15 utilization review non-certified the request for a spinal cord stimulator trial as the clinical documentation did not provide enough clarity as to what interventions had been trialed and failed, and specific functional goals were not addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulation (SCS) trial: Overturned

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

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

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have been met. This injured worker presents with a long history of right lower extremity complex regional pain syndrome. Detailed evidence of long-term comprehensive non-operative treatment protocol trial and failure has been submitted. Psychological clearance for the spinal cord stimulator trial has been obtained. Therefore, this request is medically necessary.