

Case Number:	CM15-0031741		
Date Assigned:	02/25/2015	Date of Injury:	12/13/2013
Decision Date:	04/22/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/19/2015

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

Certification(s)/Specialty: Pediatrics, Neurological 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:

The injured worker is a 33-year-old female who reported an injury on 12/13/2013. The mechanism of injury was not specifically stated. The current diagnoses include a left ankle sprain and CRPS type 1. The latest physician progress report submitted for review is documented on 12/03/2014. The injured worker presented with complaints of persistent pain in the left ankle and foot. Upon examination, there was discoloration with purplish color in the left ankle and foot with associated edema, tenderness to palpation, decreased temperature at the bottom of the foot, and negative atrophy. There was 3/5 motor weakness and diminished sensation in the L4-S1 dermatomal distributions. Deep tendon reflexes were also diminished in the bilateral lower extremities. Recommendations at that time included surgical reconstruction. The injured worker was also instructed to continue with the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105-107.

Decision rationale: California MTUS Guidelines state spinal cord stimulators are recommended for selected patients in cases when less invasive procedures have failed or are contraindicated. Although it is noted that the injured worker maintains a diagnosis of complex regional pain syndrome, there is no evidence of a recent exhaustion of conservative management. There was also no evidence of a psychological screening prior to the request for a spinal cord stimulator trial. Given the above, the request is not medically appropriate.

Spinal Cord Stimulator Implantation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.