

Case Number:	CM15-0040437		
Date Assigned:	03/10/2015	Date of Injury:	07/19/2007
Decision Date:	04/20/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/03/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 50-year-old male sustained a work related injury on 07/19/2007. According to a progress report dated 01/27/2015, the injured worker's chief complaint was bilateral feet pain. He was status post right lumbar sympathetic block on 01/14/2015 and reported 10 percent relief of pain. He reported having cramps and spasms. Pain was described as stabbing shooting pain in foot. Past medical history, include indigestion, diabetes, back pain and neck pain. Diagnoses included causalgia, peripheral neuropathy, plantar fasciitis, and chronic pain syndrome. Past surgeries included right foot surgery and left foot surgery. Treatment plan included Topamax, spinal cord stimulator trial, and follow-up visit in 1-2 weeks. The injured worker was unable to return to work. He was temporarily totally disabled. The UR found the request to be non-certify due to lack of indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 spinal cord stimulator trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulator (SCS) and Other Medical Treatment Guidelines UpToDate, Intractable Low Back Pain.

Decision rationale: MTUS and ODG state, "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial." While Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I are possible conditions for use of spinal cord stimulator, ODG and MTUS additionally clarifies that evidence is limited and "more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain". The medical documents do not indicate when the most recent trial of physical therapy sessions were utilized or what other less invasive treatments have been tried with the objective results of those treatments. Additionally, no quantifying of patient's pain level or functional level was present in progress notes, which is important to assess the level of pain typically experienced by the patient to determine if the pain is "intractable", per UpToDate guidelines. The current pain symptoms are in the feet. The patient does not have possess the above indications. As such, the request for 1 spinal cord stimulator trial is not medically necessary.