

Case Number:	CM15-0089371		
Date Assigned:	05/13/2015	Date of Injury:	03/24/2010
Decision Date:	06/16/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/08/2015

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: Emergency 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:

The injured worker is a 54-year-old male who sustained an industrial injury on 03/24/10. Initial complaints and diagnoses are not available. Treatments to date include left ankle surgeries, physical therapy, chiropractic treatments, medications, rest, home exercises, a left lumbar sympathetic block injection, and medications. Diagnostic studies are not addressed. Current complaints include left foot pain. Current diagnoses complex regional pain syndrome left lower extremity. In a progress note dated 04/01/05 the treating provider reports the plan of care as continued medications, a urine drug screen, and a spinal cord stimulator trial. The requested treatment is a spinal cord stimulator trial.

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 (Chronic), Indications for stimulator implantation.

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

Decision rationale: As per MTUS Chronic pain guidelines, Spinal Cord Stimulators (SCS) may be recommended under specific conditions. It may be recommended for diagnosis of Chronic Regional Pain Syndrome type 1 with failed conservative management. Patient has had multiple attempts at conservative treatment and even interventional procedures with surgery with little improvement and has severe intractable pain. Patient meets criteria for spinal cord stimulator trial except for absence of psychological clearance. Without psychological clearance, trial for SCS cannot be recommended as per guidelines. Therefore, the request is not medically necessary.