

Case Number:	CM15-0089502		
Date Assigned:	05/14/2015	Date of Injury:	01/02/2015
Decision Date:	06/15/2015	UR Denial Date:	04/01/2015
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: 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:

The injured worker is a 31-year-old male who sustained an industrial injury on 1/2/15., relative to a motorcycle accident. He was admitted to the trauma center with fracture of posterior left rib, compression fracture T7, grade II-III laceration of the right kidney, splenic laceration with surrounding hematoma, and fracture of the left posterior acetabulum and a posterior dislocation of the left femoral head, pubic ramus fracture, sacral fracture, and pre-sacral hematoma. He underwent open reduction and internal fixation of the left acetabulum on 1/3/15. He was transferred to a rehabilitation unit. The injured worker was in severe pain and pain control was attempted with epidural injections and a temporary spinal cord stimulator. He reported that the temporary spinal cord stimulator was very effective while he was recuperating in the rehab unit, reducing pain from grade 8-10/10 to 1-2/10. The spinal cord stimulator was removed on 3/4/15. A request was submitted for permanent spinal cord stimulator implantation with electrodes. The 4/1/15 utilization review non-certified the request for permanent spinal cord stimulator implantation as there was no documentation of failure of conservative treatment for 6 months, no evidence that a psychological evaluation had been obtained, and no clear documentation that the spinal cord stimulator trial had resulted in 50% reduction in pain for at least 2 days. The 4/14/15 treating physician report appeal documented the history of injury and treatment. The injured worker reported that his pain was starting to return after the removal of the temporary spinal cord stimulator. He was using pain medication to control his left hip, lower extremity and foot nerve pain. He reported no feeling in the big toe and tips of his toes, anterior calf pain and tingling, and left hip and lower extremity nerve pain. He was taking scheduled doses of medications which

were effectively maintaining his pain control and had decreased the use of a few of his as needed medications, including Ketamine. When he had the temporary spinal cord stimulator in place he did not require the as needed pain medication as much, and was able to participate in physical therapy and functional activities. He was on high doses of narcotics with concerns of withdrawal and addiction should he continue the use of these medications in order to regain functional capacity and activities of daily living. He was completing home care physical therapy and transferring to outpatient physical therapy. He reported current average pain level grade 7-8/10. He was continuing to deal with balance issues and using a cane. The permanent spinal cord stimulator would alleviate the potential for falls and other issues with balance, fatigue, drowsiness and other side effects relative to pain medications and narcotics. Physical exam documented well healed left hip incision, no signs of infection, hip flexion 90 degrees, full hip extension, inability to abduct or internally rotate, and inability to bear weight on his left leg. Left foot exam documented foot drop, some weakness with pushing and pulling against resistance, inability to wiggle or move his toes, and 1+ edema in both ankles. Given his age, current state of injury including radiating nerve pain from his hip to the foot, his willingness to improve, and increase of dependency on narcotics in pain management, he would greatly benefit from permanent spinal cord stimulator. He does not have psychological pain as the trial stimulator worked before demonstrating no psychological pain component. Appeal for permanent spinal cord stimulator implantation with electrodes was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent spinal cord stimulator implantation with electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; <http://www.ncbi.nlm.nih.gov/pubmed/8876718>.

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

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 not been met. This patient presents with significant left lower extremity pain status post left hip fracture/dislocation and open reduction and internal fixation. He is not status post back surgery nor has he been diagnosed with complex regional pain syndrome. He is currently progressing in out-patient rehabilitation with continued reliance on narcotic pain medications for pain reduction and to allow participation in functional restoration activities. A temporary spinal cord stimulator was used during in-patient rehabilitation for severe pain management. This was significantly beneficial. However, guideline criteria are not met for permanent use based on failure to meet diagnostic criteria and absent a psychological evaluation. Therefore, this request is not medically necessary.