

<b>Case Number:</b>	CM13-0042181		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/09/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 62 year old male with a date of injury of January 9, 2012. The claimant sustained an injury to the left foot, ankle and lower extremity. The most recent clinical assessment for review is a October 30, 2013 follow-up report indicating that the claimant is with continued complaints of pain with objective findings demonstrating diminished strength localized tenderness and swelling. The claimant has a diagnosis of Chronic Regional Pain Syndrome (CRPS) to the left leg status post a left calcaneal fracture with underlying insomnia. Given this current diagnosis of CRPS Type I to the left foot status post left foot fracture with continued neuropathic findings the recommendation was for a psychological evaluation for clearance and a spinal cord stimulator trial for further treatment of his current working condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIAL OF A SPINAL CORD STIMULATOR:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Page(s): 105-107.

**Decision rationale:** According to the California MTUS Guidelines a spinal cord stimulator trial in this case appears warranted. The claimant has a diagnosis of Chronic Regional Pain Syndrome with failed conservative measures. The diagnosis of Complex Regional Pain Syndrome is a supportive diagnosis for the use of spinal cord stimulator. The role of a trial of stimulator placement prior to permanent placement would be considered standard of care and quite appropriate in this individual given his current clinical complaints. Therefore the request is medically necessary.