

Case Number:	CM14-0115257		
Date Assigned:	09/16/2014	Date of Injury:	07/25/2012
Decision Date:	10/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 48-year-old male who sustained an injury on 07/25/12. The most recent report indicated his right toe continued to remain swollen; it had worsened his gait which had increased his low back pain. The use of his current medications allows him to walk with the assistance of a cane, as well as drive. He was unable to participate in regular work activities. Pain was rated as 5-8/10. Exam revealed significant allodynia along the right foot at the ankle as well as tenderness of the great toe and some mild allodynia. There was hyperpigmentation throughout the right foot and ankle as well as temperature changes and nail changes on the right foot. X-ray of the lumbar spine on 5/5/14 revealed lumbar spondylosis as well as lumbar disc degeneration. He is currently on Norco, Lyrica, and Amytriptyline. Treatment has included right open reduction on 1/4/13 and internal fixation calcaneus, physical therapy, medications, splint, crutches, and lumbar synthetic blocks. He reported no change in his pain relief after a set of two lumbar sympathetic blocks. As this modality did not provide relief of his neuropathic or sympathetic mediated pain, he was recommended a spinal cord stimulator trial for right lower extremity CRPS. Previous request for spinal cord stimulator trial was denied on 6/18/14. Diagnoses include right lower extremity chronic regional pain syndrome, lumbar spondylosis, and lumbar degenerative disc disease, tobacco use and neuropathic pain. The request for outpatient Spinal Cord Stimulator (SCS) trial was denied on 7/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Spinal Cord Stimulator (SCS) 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, Complex Regional Pain Syndrome, Spinal Cord Stimulators (SCS), pg 38

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SCS Page(s): 38.

Decision rationale: According to the CA MTUS guidelines, Spinal cord stimulators (SCS) is 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. Per guidelines, spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. SCS use has been associated with pain reduction in studies of patients with CRPS. Also, psychological evaluation is recommended prior to trial. In this case, there is no documentation of comprehensive multidisciplinary medical management. There is no record of psychological evaluation prior to trial of SCS. Therefore, the criteria for SCS trial / implantation are not medically necessary.