

<b>Case Number:</b>	CM14-0161663		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

5/23/14 note indicates insured had Lumbar ESI the day before with 60% relief. 6/27/14 PR-2 notes pain in the right leg with diagnosis of CRPS type 1. 12/24/13 right superficial peroneal and right posterior tibial nerve injection gave relief of pain. Medications have been helpful but have not resolved the pain. There is increased low back pain, right knee, and ankle and foot pain. Examination notes right leg weakness with decreased sensation in the right leg. 7/8/14 note indicates request for spinal cord stimulator trial and psychological clearance for the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trail for lumbar spine and right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 38,101,105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cord stimulators Page(s): 105.

**Decision rationale:** MTUS guidelines support spinal cord stimulator trial for patients with condition such as CRPS who have failed at least 6 months conservative treatment and have had psychological evaluation that demonstrates the insured to be a good candidate for the treatment. The medical records indicate condition of CRPS that has not responded to various treatments for

greater than 6 months but does not demonstrate documentation of psychological evaluation that demonstrates the insured to be a good candidate for the treatment. As such spinal cord stimulator is not supported under MTUS.