

<b>Case Number:</b>	CM14-0122061		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2014

### 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. 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 51 year old male, who sustained an industrial injury on 6/10/2013. He reported left ankle and foot pain. The injured worker was diagnosed as having left foot pain, neuropathic pain, and complex regional pain syndrome. Treatment to date has included medications, emergency room treatment, and nerve blocks. The request is for outpatient trial of spinal cord stimulation with Medtronic dorsal column stimulator electronic analysis of pump, fluoroscopic guidance and IV sedation. The records indicate he had 4 nerve blocks, of which only one responded well. On 6/30/2014, he was seen for continued left lower extremity pain with radiation into the left leg and left testicle. The treatment plan included spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Trial Spinal Cord Stimulator with fluoroscopic guidance and IV sedation:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 38, 101, 105-107 of 127.

**Decision rationale:** Regarding the request for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, it does appear that all invasive procedures have failed. Furthermore, there is documentation that the patient has undergone a successful psychological clearance evaluation. As such, the currently requested spinal cord stimulator trial is medically necessary.