

Case Number:	CM15-0063316		
Date Assigned:	04/09/2015	Date of Injury:	07/19/2007
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 49-year-old man sustained an industrial injury on 7/19/2007. The mechanism of injury is not detailed. Diagnoses include complex regional pain syndrome, causalgia, plantar fasciitis, and neuropathic pain. Treatment has included oral medications, physical therapy, sympathetic block, and surgical intervention. Physician notes dated 3/11/2015 show complaints of chronic low back pain, foot pain, and hip to leg pain. Recommendations include completing physical therapy, spinal cord stimulator placement, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Placement: 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).

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

Decision rationale: The injured worker sustained a work related injury on 7/19/2007. The medical records provided indicate the diagnosis of probable complex regional pain syndrome,

causalgia, plantar fasciitis, and neuropathic pain. Treatment has included oral medications, physical therapy, sympathetic block, and surgical intervention. The medical records provided for review do not indicate a medical necessity for Spinal Cord Stimulator Placement. Spinal cord stimulators (SCS) implants are recommended for select conditions who meet specific requirements. The requirements include diagnosis of failed back syndrome or complex regional pain syndrome, post amputation pain (phantom limb pain); post herpetic neuralgia; spinal cord injury dysaesthesias (pain in lower extremities associated with spinal cord injury; Pain associated with multiple sclerosis; and Peripheral vascular disease. The MTUS recommends that after the necessary screening, including the use of psychological evaluation, a trial of spinal simulator be done before the permanent implant to determine the patient is an appropriate candidate. While the injured worker suffers from chronic back pain, there is no indication the injured worker has failed back syndrome, neither has the diagnosis of complex regional pain syndrome 1 been confirmed. There is no indication the injured worker has done psychological evaluation for spinal cord use or that the injured worker has had a trial of the spinal cord simulator.