MAXIMUS Federal Services

Case Number:	CM15-0072800		
Date Assigned:	04/23/2015	Date of Injury:	01/27/2010
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 56-year-old male who sustained an industrial injury on 1/27/10. The mechanism of injury was not documented. Past surgical history was positive for endoscopic plantar fascial release on 1/6/11 and decompression of the tarsal tunnel, medial and lateral plantar nerves on 9/15/11. Past medical history was positive for diabetes and hypertension. He has been diagnosed with reflex sympathetic dystrophy of the right lower extremity. The injured worker underwent a spinal cord stimulator trial from 3/30/12 to 4/4/12 and had a 75% improvement in pain. A permanent spinal cord stimulator was placed on 5/1/12 with some benefit. Records indicated that the lead placement did not cover the S1-S2, specifically the area of the heel. He had not derived benefit over the right heel, and severe pain persisted. The 3/13/15 treating physician report cited right heel and plantar arch pain, neuritic pain at the medial aspect of the foot/ankle, and left hip pain. Physical exam documented neuritic tenderness over the right lower extremity and over the posterior tibial neurovascular bundle. There was a positive Tinel's over the tarsal tunnel with 1-2+ edema, and moderate to severe neuritic tenderness over the medial heel, proximal arch, and medial and lateral plantar nerves of the foot. Global tenderness of the foot and ankle were documented. The treatment plan included new shoe gear as the current one no longer fits, feels or functions as well as it used to. A spinal cord stimulator trial was requested. The 3/27/15 utilization review non-certified the request for spinal cord stimulator trial. The rationale indicated there was no evidence of psychological clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have been met. This patient has a current spinal cord stimulator that does not fully cover the S1-S2 innervations of the heel where there is severe pain. The current unit is reported as not properly placed or malfunctioning. A trial of a properly placed spinal cord stimulator seems reasonable based on the patient's diagnosis of lower extremity reflex sympathetic dystrophy, partial benefit derived despite incomplete coverage, and residual severe right heel pain. There are no current psychological issues identified that would support the need to repeat a psychological evaluation before proceeding. Therefore, the request is medically necessary.