

<b>Case Number:</b>	CM15-0076268		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 54-year-old male who sustained an industrial injury on 11/30/11. Injury occurred when he fell 15-20 feet landing on concrete and sustaining a right ankle, tibia/fibula fracture. He underwent open reduction internal fixation for the right ankle tibia/fibula fracture, with subsequent hardware removal. He was diagnosed with reflex sympathetic dystrophy of the right lower extremity. The 2/16/15 treating physician report documented significant disability. He was unable to walk a block without severe pain. He had night pain, and allodynia to touch and pressure over the medial malleolus. He had undergone 3 lumbar sympathetic blocks without improvement. He was intolerant to gabapentin and Cymbalta. He was unable to work. He had a 2-month trial of alendronate, which provided no pain relief. He tried Lyrica samples without improvement. His pain from complex regional pain syndrome (CRPS) Type 1 in the right foot and ankle had worsened over the past 3-4 weeks. He had shooting pain and paresthesias on the outside and inside of the ankle going to his toes. He had difficulty sleeping, as the bed covers on his feet were painful. He used Norco with some benefit but the pain remained severe at an average 9/10. Physical exam documented the right ankle and lower leg was mottled and moist, and cooler than the left with decreased capillary refill. There was exquisite allodynia to touch and pressure over the right ankle. Right ankle range of motion was markedly decreased. Vibratory sensation over the medial and anterior ankle caused severe pain. The diagnosis included reflex sympathetic dystrophy of the lower limb, and chronic pain syndrome. The treatment plan requested authorization for psychological clearance before proceeding with a trial

of spinal cord stimulator. The 3/19/15 utilization review non-certified the request for spinal cord stimulator trial as there was no evidence of a psychology evaluation to support this request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Spinal cord stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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. This injured worker presents severe pain and disability relative to a diagnosis of reflex sympathetic dystrophy of the right lower extremity/CRPS Type 1. Clinical exam findings are consistent with this diagnosis. The injured worker has failed surgical intervention in the form of hardware removal and non-operative treatment with blocks and medications. Records indicated that the treating physician has requested psychological clearance prior to a spinal cord stimulator trial which is supported by guidelines. However, there is no evidence that this has been completed and psychological clearance given to proceed. This request would be reasonable upon psychological clearance. However, the request is not medically necessary at this time.