

<b>Case Number:</b>	CM14-0102881		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. 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:

A January 30, 2014 note indicates right peroneal and tibial nerve block provided some temporary improvement. There was reported tenderness to examination of the right lower extremity. There was patchy decreased sensation in the entire right lower extremity. Diagnosis was probable fracture of the right talus and probable complex regional pain syndrome (CRPS). A March 28, 2014 note indicates continued pain. Diagnosis remained the same. Continued medical management was recommended by the treating physician. A May 9, 2014 note indicates a lumbar epidural steroid injection (ESI) was performed and provided some relief of right leg pain. Continued medical management was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Spinal Cord Stimulator Trial for the Low Back and Right Foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines SCS Page(s): 101.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, spinal cord stimulator.

**Decision rationale:** The medical records provided for review indicate condition of complex regional pain syndrome (CRPS) that has not responded to at least 6 months of conservative care including medication and procedures. The medical records however do not indicate a formal psychology evaluation which indicates the claimant is a good candidate for implantable therapy such as spinal cord stimulation (SCS). As such medical necessity of this treatment is not supported under the Oddifical Disability Guidelines.