

Case Number:	CM13-0011030		
Date Assigned:	09/25/2013	Date of Injury:	11/29/1996
Decision Date:	01/03/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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.

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 underlying date of injury in this case is 11/29/1996. The patient's diagnosis is chronic low back pain. Currently at issue is a reconsideration of a request for a spinal cord stimulator trial. Treating physician notes outline that this patient has an approximately 17-year history of chronic pain involving his right groin, his hernia, his right knee, and his low back. Past treatment has included a right knee anterior cruciate ligament reconstruction and 2 hernia surgeries, as well as postoperative infections requiring surgical removal of a testicle. The patient was hoped to be tapered off oral medications while using a pain pump, but this was not successful. The patient reported potential limitations in activities of daily living. Functionally, the patient has not worked since 1997. Basic medication included morphine, Roxicodone, Norco, Zoloft, and atenolol. Diagnoses included lumbar radiculopathy, myofascial pain syndrome, knee pain, and abdominal pain. Treatment notes indicate that the patient is stable with modification of activities and judicious use of medications and that a spinal cord stimulator is under consideration, depending upon whether the patient decides to keep his intrathecal pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial as an out patient for chronic low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Regional Pain Syndrome and Spinal Cord Stimulators Page(s): 38.

Decision rationale: The MTUS Chronic Pain Guidelines section on Chronic Regional Pain Syndrome and Spinal Cord Stimulators, page 38, states "Spinal cord stimulator should be offered only after careful counseling and patient identification and to be used in conjunction with comprehensive multidisciplinary medical management." The guidelines, therefore, suggest that spinal cord stimulation is intended as a means of assisting functional restoration but not as a primary pain treatment modality of itself, particularly on a longstanding basis. The medical records provided for review in this case do not clearly document the employee's election parameters focusing on functional restorative goals. Overall, the records and guidelines do not support apparent indication of benefit for spinal cord stimulation for this employee. The request for spinal cord stimulator trial, as an out patient for chronic low back pain is not medically necessary and appropriate.