

Case Number:	CM13-0012606		
Date Assigned:	01/31/2014	Date of Injury:	07/02/2009
Decision Date:	05/22/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/13/2013

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 Occupational Medicine 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 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:

The applicant is represented [REDACTED] employee who has filed the claim for chronic low back pain reportedly associated with an industrial injury of July 2, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a psychological clearance, clearing the applicant for spinal cord simulator trial; and extensive periods of time off of work. In a utilization review report of July 11, 2013, the claims administrator denied a request for spinal cord stimulator trial, stating that the applicant could in fact be a candidate for further spine surgery as CT scanning apparently demonstrated evidence of pseudarthrosis/incomplete fusion consolidation. In a progress note and appeal letter dated October 14, 2013, the applicant presented with persistent low back pain with severe neuropathic pain about the bilateral lower extremities. The applicant has reportedly had been to pursue further surgery after having undergone three failed surgeries in 2009, 2010, and 2012. The applicant is on Norco, Neurontin, Lidoderm, and Prilosec, it was noted. The applicant did exhibit a significant limp and was using cane to move about. The applicant was asked to continue Norco, Neurontin, and Prilosec. The spinal cord stimulator denial was appealed. It was stated that the applicant had tried physical therapy, acupuncture, surgery, and medications without any benefit. The attending provider stated that the applicant was hesitant to pursue further surgery and now wished to pursue the proposed spinal cord stimulator trial.

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.

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

Decision rationale: As noted on page 107 of the MTUS Chronic Pain Medical Treatment Guidelines, indicators for stimulator implantation include evidence of failed back syndrome or persistent pain in applicants who have undergone at least one prior failed spine surgery. It is stated that both neuropathic pain and low back pain tend to benefit for a spinal cord stimulator implantation. It is further noted that page 106 of the MTUS Chronic Pain Medical Treatment Guidelines states that spinal cord stimulators, per several studies, are both more effective and less expensive than re-operation and should therefore be the initial therapy of choice. The MTUS goes on to note that, should a spinal cord stimulator fail, then re-operation is unlikely to be successful. Thus, in this case, the applicant does seemingly carry a diagnosis for which spinal cord stimulators have been deemed effective, per pages 105 through 107 of the MTUS Chronic Pain Medical Treatment Guidelines. The proposed spinal cord stimulator trial is therefore indicated and is medically necessary.