MAXIMUS Federal Services

Case Number:	CM13-0018939		
Date Assigned:	10/11/2013	Date of Injury:	09/24/2010
Decision Date:	03/31/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

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 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 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. 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 patient is a 65-year-old male who sustained injury on 09/24/2010. The mechanism of injury is unknown. Treatment history included medications, physical therapy (PT) with no relief, left trochanteric bursa injection, ESI, several trigger point injections. The patient underwent a lumbar laminectomy. Medications listed on 06/26/2013 are Dendracin Lotion 0.0375-30-10%, Tramadol HCL 50 Mg tablet, Aspirin EE 81 mg tablet, Atenolol 50 Mg tablet, Hydrochlorothiazide 25 mg, Hydrocodone-acetaminophen 10/325 tablet mg, Losartan Potassium 100 mg a tab, and Simvastatin 20 mg tablet. A clinic note dated 07/17/2013 documented objective findings to reveal a surgical scar on inspection of the lumbar spine. Range of motion was restricted with flexion limited to 45 degrees, which was limited by pain. On palpation, paravertebral muscles, tenderness and trigger point (a twitch response was obtained along with radiating pain on palpation) was noted on both sides. Spinous process tenderness was noted on L4-L5. Heel and toe walk were normal. Lumbar facet loading was positive on both sides. Straight leg raise test was positive on both sides at 45 degrees in sitting position. All lower extremity reflexes were equal and symmetric. CRPS physical finding revealed there was no skin discoloration, swelling or abnormal hair/nail growth present. There was no evidence of cold or mechanic allodynia, abnormal skin temperature or limited range of motion. A clinic note dated 10/02/2013 documented the patient to have complaints of low back pain. He continued to have discomfort when standing for too long or if he bends for too long. He frequently had to use a device to help support him when he walked too far. There was no significant recent radiculopathy. Objective findings on exam included the patient did have difficulty sitting to standing. He had some moderate discomfort along the back and was able to do so without any severe pain. He had forward flexion to 30 degrees, beyond that he had discomfort. The patient was diagnosed with chronic lumbar back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL SPINAL CORD STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) & Psychological evaluations, IDDS & SCS Page(s): 105-107,101.

Decision rationale: As per CA MTUS, spinal cord stimulator is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions such as failed back surgery syndrome and CRPS. This patient has chronic back pain without clear evidence of radiculopathy by history or examination. He does not appear to have intractable pain and has responded to conservative measures. The medical records lack documentation of psychological clearance for spinal cord stimulator trial. Medical necessity has not been established. Trial of spinal cord stimulator is noncertified.