

Case Number:	CM13-0024751		
Date Assigned:	11/20/2013	Date of Injury:	11/18/2002
Decision Date:	01/14/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/16/2013

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 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.

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 a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 18, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; a prior lumbar laminectomy; unspecified number of epidural steroid injections; and adjuvant medications. In a utilization review report of August 7, 2013, the claims administrator denied a request for a spinal cord stimulator trial. The applicant's attorney later appealed, on September 5, 2013. A later note of November 18, 2013, is notable for comments that the applicant carries a diagnosis of failed back syndrome with residual radiculopathy. She apparently had a successful psychological evaluation. She scores her pain at 7/10 on average. She is on Lortab, Celebrex, and Neurontin. She still has a limp. She is favoring her left leg. She is unable to walk on her toes. She is unable to walk on her heels. She is asked to obtain a spinal cord stimulator trial and hepatic function testing. In a psychological evaluation of September 27, 2013, it is stated that the applicant does not have an underlying mental illness, although there is some alteration of mood secondary to chronic pain. The applicant received a DUI 40 years ago, it is stated, and only uses alcohol occasionally now. She is working on a part-time basis, she states, and is supporting herself.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient spinal cord stimulator trial: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulator).

Decision rationale: As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, spinal cord stimulators are recommended only in selective cases when less invasive procedures have been tried and/or failed. Page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that failed back syndrome is an indication for stimulator implantation. It is further noted, it is more helpful for lower extremity pain than low back pain. In this case, it does appear that the applicant has tried and failed less invasive nonoperative treatments, including analgesic and adjuvant medications as well as epidural steroid injections. She is also status post prior failed lumbar laminectomy. She has had a psychological evaluation which apparently excludes an underlying mental health issue. Thus, on balance, pursuing a spinal cord stimulator trial is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request for an outpatient spinal cord stimulator trial is certified, on independent medical review.