

Case Number:	CM13-0030460		
Date Assigned:	11/27/2013	Date of Injury:	12/14/1995
Decision Date:	07/29/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/30/2013

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 Internal 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:

Patient is an injured worker with a back condition. Date of injury was 12-14-1995. Follow up evaluation note 08-01-2013 was provided [REDACTED]. Subjective: Patient has lower backache. Pain level unchanged. Objective: gait normal; thoracic trigger point; lumbar trigger point, muscle spasm, straight leg raising test positive right, limited range of motion; right hip flexion 4/5, normal reflexes. Diagnoses: cervical disc degeneration; arthropathy; lumbar facet syndrome; lumbar radiculopathy; post lumbar laminectomy syndrome; cervical spinal stenosis; myalgia, myositis. Treatment plan: spinal cord stimulator trial. Visit note 12-13-2012 by [REDACTED] documented L2-5 posterior fusion 1998. Patient is status post explant of Spinal Cord Stimulator with five years of minimal relief. Utilization review dated 09-04-2013 recommended non-certification of the request for 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Online Version, Spinal Cord Stimulators, (SCS), Pages Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Pain (Chronic) Chapter: Spinal Cord Stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Guideline.gov, Guideline Title: Low Back Disorders, Table 2: Summary of Recommendations by Low Back Disorder, Spinal Cord Stimulators.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that spinal cord stimulators (SCS) are recommended only for selected patients, following a successful temporary trial. There is limited evidence in favor of Spinal Cord Stimulators (SCS) for failed back surgery syndrome. Visit note 12-13-2012 documented: Patient is status post explant of Spinal Cord Stimulator with five years of minimal relief. MTUS guidelines requires a successful temporary trial. In the past, the patient had a spinal cord stimulator for five years and reported minimal relief. American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines (3rd Edition) states: Spinal cord stimulators are not recommended for chronic low back pain, or radicular pain syndromes including sciatica. MTUS and ACOEM guidelines and medical records do not support the medical necessity of spinal cord stimulator. Therefore, the request for Spinal Cord Stimulator Trial is not Medically Necessary.