

Case Number:	CM13-0036400		
Date Assigned:	12/13/2013	Date of Injury:	03/13/2006
Decision Date:	02/21/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/21/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 47-year-old female who sustained an industrial injury from an unknown mechanism on March 13, 2006. She has chronic lumbar backache, predominant mechanical axial in character and myofascial stain, bilateral lower extremity radiculopathic pain. The treating physician documented L4-L5 disc herniation with annular tear at L5-S1. The patient received an intradiscal injection on August 22, 2012. A clinical examination on September 18, 2012 documents positive hyperextension with axial loading in the lumbar back, but the levels and the sites at which the lumbar facet arthropathy was clinically present but was not outlined. The patient reports that her sitting pain is different after the injection. The patient underwent medial branch block and has had 50% diminution of her pain. She has failed all conservative modalities including physical therapy and nonsteroidal anti-inflammatories. The facet arthropathy gave her four hours of pain relief with use of 0.25% Marcaine was done on the left side at L2 and L3. The patient also complains of abdominal pain for which she has gone to the emergency room multiple times for in the past. In his follow up report, the treating physician is contemplating spinal cord stimulator trial because of the claimant's dependence on MS-Contin and Dilaudid. At a psychiatric evaluation in April 2012, detoxification of opioids was recommended. The treating physician is now seeking a spinal cord stimulator trial, which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a spinal cord stimulator (SCS) trial for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Stimulator Section Page(s): 38. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Pain Therapy: Spinal Stimulator.

Decision rationale: According to the California MTUS guidelines spinal cord stimulators should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. The ODG recommended SCS only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial. With respect to the claimant, in his follow up report, the treating physician is contemplating spinal cord stimulator trial because of the claimant's dependence on MS-Contin and Dilaudid. It was recommended by the previous UR physician that the patient should exhaust all the available pain management modalities already approved, and the Spinal Stimulator implantation will be the last resort if all fails. In addition, the guidelines require that Spinal Stimulation treatment should be offered after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. Therefore the request for a spinal cord stimulator (SCS) trial for the lumbar is not medically necessary.