

Case Number:	CM13-0038127		
Date Assigned:	01/15/2014	Date of Injury:	04/18/1991
Decision Date:	03/24/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/27/2013

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 applicant is a [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic low back pain reportedly associated with an industrial injury of April 18, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; antidepressive medications; long and short-acting opioids; adjuvant medications; and extensive periods of time off of work. On July 2, 2013, the applicant did receive a spinal cord stimulator trial lead placement for stated diagnoses of failed back syndrome, chronic lumbar radiculopathy, and diabetic peripheral neuropathy. On September 5, 2013, the claims administrator denied a request for a permanent spinal cord stimulator implantation, stating that the applicant did not have a diagnosis of CRPS for which a spinal cord stimulator would be indicated. It was stated that it was not clear that other treatment could not sought which would result in benefit here. In a progress note of August 15, 2013, the attending provider writes that permanent implantation of a spinal cord stimulator is the best way to increase the applicant's activity and decrease the applicant's medications. The applicant is reportedly not working. The applicant seemingly states that his pain and function have been relieved by greater than 50%. He is nevertheless depressed. Much of the documentation is highly templated and uses preprinted checkboxes. An earlier note of July 15, 2013 is notable for comments that the applicant tried the spinal cord stimulator, only had 30% relief, and noted that his pain was increased in intensity as a result of the same. He did state that he is able to walk more, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent Spinal Cord Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 107, and 135. Decision based on Non-MTUS Citation MTUS 9792.20f

Decision rationale: Contrary to what was suggested by the claims administrator, page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does note that a failed back syndrome (persistent pain in applicants who have undergone at least one previous back operation) is an indication for a spinal cord stimulator implantation. In this case, however, the applicant has had a trial of spinal cord stimulator. There is no clear evidence of pain relief, functional improvement, reduced pain scores, etc. effected as a result of the same. There is no mention that the applicant was able to decrease pain medications, even temporarily, on the spinal cord stimulator. It is further noted that page 135 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend a psychological evaluation as a precursor to a spinal cord stimulator trial. In this case, the precursor psychological evaluation has not been performed. This is appropriate, given the applicant's comorbid psychiatric issues with depression and anxiety. Thus, several MTUS criteria for pursuit of a permanent spinal cord stimulator have not seemingly been met or documented. Therefore, the request remains non-certified, on Independent Medical Review.