

Case Number:	CM13-0040085		
Date Assigned:	12/20/2013	Date of Injury:	08/28/2002
Decision Date:	02/10/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/07/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 43-year-old female who reported an injury on 08/28/2002. The progress report dated 09/13/2013 noted the patient has breakaway weakness in her right lower extremity, with a negative neurological exam. Additionally, the patient was noted as having a straight leg raise test. An MRI reportedly showed degenerative disc disease at L4-5 and L5-S1, but there was no mention of nerve root impingement. X-rays of the lumbar spine performed on 09/06/2013 noted no acute fracture or subluxation, the vertebral bodies and posterior elements appear intact and aligned, normal lordosis was maintained, no abnormal motion with flexion or extension, and the intervertebral disc spaces are preserved. On 09/13/2013, the patient underwent electrodiagnostic study, which noted no evidence of muscle membrane instability. It further stated with the presence of degenerative changes and mild to moderate foraminal stenosis at L4-5 and L5-S1, this would be more consistent with discogenic pain and intermittent nerve root irritation. The patient was most recently seen on 12/04/2013 with significant back pain. The subjective heading noted that she was using a walker and evaluation by the spine surgeon did not result in recommendation for a surgical treatment. Objectively, the patient still has pain across the lumbosacral junction, and has difficulty fully standing without flexing and weight bearing with a walker. On the assessment, the patient's lumbar degenerative disc disease was noted to be complicated by depression, diabetes, and asthma. The physician is now requesting a trial of a spinal cord stimulator with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Spinal Cord Stimulator with [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, spinal cord stimulators (SCS) Page(s): 101 and 105.

Decision rationale: Under California MTUS, spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated for specific conditions following a successful temporary trial. The specific indications include failed back syndrome, complex regional pain syndrome (CRPS), post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, and peripheral vascular disease. A psychological evaluation prior to a spinal cord stimulator is also recommended. The documentation provided did not indicate the patient's previous conservative modalities have failed to provide her with effective pain relief. The patient had been taking oral medications and was planned to utilize aquatic therapy or water aerobics as part of her treatment modalities. However, there is nothing documented stating the patient has tried and failed any of these other conservative modalities prior to requesting a spinal cord stimulator. Therefore, at this time, the medical necessity for a trial of spinal cord stimulator with [REDACTED] cannot be established. As such, the requested service is non-certified.