

Case Number:	CM13-0047431		
Date Assigned:	12/27/2013	Date of Injury:	11/24/2008
Decision Date:	02/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/01/2013

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 11/24/2008. Review of the medical record reveals the patient's diagnoses include left L5 lumbar radiculitis, status post fusion, ICD 9 code 722.52, status post fusion at L5-S1, and bilateral sacroiliitis, ICD 9 code 720.2. The most recent clinical note dated 11/12/2013 reports that the patient complained of low back pain and left leg pain, which she rated at 8/10. The patient has a history of lumbar epidurals at the L4-5 level, which did alleviate the pain for approximately 6 weeks. The patient's medication regimen currently included Norco 10/325 mg, Cymbalta, Zanaflex, and Lyrica. The patient states that the Lyrica and Cymbalta have reduced the radiating pain. Objective findings upon examination revealed decreased range of motion in the lumbar spine in all planes. There was also tenderness noted to palpation of the bilateral lumbar paraspinal muscles, as well as over the sacroiliac joints bilaterally. Motor strength was noted at 4+/5, dorsal and plantar flexion was 4+/5, and left quads and hamstrings also. There was noted diminished sensation to light touch along the left L5 dermatome, and deep tendon reflexes were symmetric bilaterally. There was a CT scan of the lumbar spine dated 01/20/2013, which revealed solid fusion of L5-S1, and moderate adjacent segment disease with broad-based protrusion at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dorsal column Stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 106-107.

Decision rationale: According to California MTUS Guidelines, spinal cord stimulators are recommended following a successful trial only for selected patients in cases when less invasive procedures have failed, or are contraindicated. Specific conditions would include CRPS, failed back syndrome, post-amputation pain, postherpetic neuralgia, spinal cord peripheral vascular disease, spinal cord injury, and pain associated with multiple sclerosis. It is also noted by California Guidelines that psychological evaluations are recommended prior to spinal cord stimulator trial. The records do not establish that the patient has failed less invasive procedures, or that there are any contraindications to other procedures or other medications currently being considered for use. In addition, the records do not establish that the patient has undergone a psychological evaluation prior to the placement of the spinal cord stimulator, as recommended by California MTUS Guidelines. Therefore, the medical necessity for placement of the requested service cannot be determined at this time, and the request for Dorsal column Stimulator trial is non-certified.