

Case Number:	CM13-0054417		
Date Assigned:	12/30/2013	Date of Injury:	06/25/2002
Decision Date:	03/18/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/19/2013

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 Orthopedic Surgery 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 40-year-old female who was injured 6/25/02. She sustained a specific industrial injury on 06/26/2 2002 through her employment while performing her unusual and customary duties. The patient had two surgeries performed as part of her treatment. Her surgeries include lumbar discectomy/fusion at (L4 -L5) it was done 2007, in 2008 she had screws removed. MRI of the lumbar spine performed 02/18/13 status post L4/L5 interbody fusion as well as the presence of pedicle tracks bilaterally at L4 and L5. Finding at L4/L5 there is in interbody fusion and evidence of prior bilateral L5 pedicle screw placement and removal. Electrodiagnostic report dated 3/21/13 show evidence of moderate right L 5 radiculopathy like chronic in nature. Current medications, morphine sulfate ER 30 mg, hydrocodone AP AP 10/35 mg, Lyrica 75mg, Tizanidine, alprazolam,. Clinical note dated 10/31/13 from her treating physician indicate the patient complained of severe back and leg pain that were worse with increase activity. The medications do help to reduce her pain, however, she continues to have difficulty with prolonged activity. Objective findings of the lumbar exam indicate the patient has difficulty changing positions and getting onto the examining table. The motion is restricted and does cause painful symptoms. There is regarding with motion. There is muscle spasm present. Straight leg raising is positive to the left in a setting as well as in supine position. Straight leg raising is positive to the right in a sitting as well as supine position. Diagnoses: status post anterior posterior fusion, L4 - L5, status post removal of hardware, lower back, chronic L5 left side radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator (SCS) Trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, SCS & Spinal Cord Stimulators Page(s): 101, 105.

Decision rationale: The California MTUS recommends spinal cord stimulators only for a selected group of patients who have failed less invasive procedures. Indications for stimulator include failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit. The stimulator works best for neuropathic pain and is considered to be ineffective in treating nociceptive pain. The patient is documented as having continued chronic low back pain with left-sided radiculopathy confirmed by electrodiagnostic testing. She is status post anterior and posterior fusion at L4 - L5 and removal of hardware. She currently has chronic gastrointestinal issues secondary to her long-term use of narcotics. The patient fits into the field back syndrome indicator for a spinal cord stimulator trial and as such the request should be approved.