MAXIMUS Federal Services

Case Number:	CM13-0055822		
Date Assigned:	10/23/2014	Date of Injury:	01/18/2011
Decision Date:	11/07/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Caifornia. 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 expert 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:

This 61 year-old patient sustained an injury on 1/18/11 from slipping on ice while walking toward the truck during employment by [redacted]. Request under consideration includes Spinal Cord Stimulator. There is past surgical history of 2 level lumbar fusion (undated); status post left rotator cuff repair on 4/5/11 and left wrist/humerus surgeries on 1/22/11. Conservative care has included medications, physical therapy (36 visits), occupational therapy (30 visits), lumbar epidural steroid injections, nad modified activities/rest. MRI of lumbar spine dated 6/27/11 showed multilevel disc protrusion at L2-3, L3-4, and L4-5 with compression of the dura; hypertrophy at bilateral L5-S1 with neural foraminal narrowing at left L4-S1. Orthopedic AME report of 8/5/13 noted diagnoses of status post left ORIF of humerus with shoulder arthroscopy for rotator cuff repair and debridement on 4/5/11; status post left wrist ORIF of radial fracture on 1/22/11; and status post lumbar fusion at L4-S1 with laminectomies and neuroforaminotomy on 9/17/12 and revision foraminotomy, microdiscectomy at L4-S1 on 12/22/12. It was opined if the patient's condition deteriorates, future medical provision should include conservative care of oral analgesics and anti-inflammatories, short courses of physical therapy for acute exacerbations, possible trial of epidurals if warranted, and hardware removal procedure. Report of 9/12/13 from the provider noted the patient with continued chronic severe back pain and left leg radiculopathy. The patient had 6 days of complete relief from pain after the LESI but the pain has returned. Exam of the lumbar spine showed normal lordosis; no scoliosis; well-healed surgical incisions; tenderness to palpation over lower lumbar spine and no evidence of paravertebral muscle spasm; restricted lumbar range of motion. Diagnoses included severe persistent left leg radiculopathy status post two level lumbar fusion. Treatment included CAT scan of lumbar spine to see the exact anatomy and pathology and SCS to proceed with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) and Psychological evaluations Page(s): 105-107, 101-102.

Decision rationale: The request for Spinal Cord Stimulator (SCS) was non-certified on 9/30/13. MTUS guidelines states that spinal cord stimulators are only recommended for selected patients as there is limited evidence of its functional benefit or efficacy for those failed back surgery syndrome and complex regional pain syndrome. It may be an option when less invasive procedures are contraindicated or has failed. Criteria include psychological evaluations screening along with documented successful trial prior to permanent placement for those patients with specific diagnoses of failed back syndrome; complex regional pain syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet these criteria as no medical clearance from a psychologist has been noted and no failed conservative treatment or ADL limitations are documented to support for SCS. Recent AME also had no future medical provision for this invasive pain procedure. The Spinal Cord Stimulator is not medically necessary and appropriate.