

Case Number:	CM13-0057975		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2011
Decision Date:	03/31/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/26/2013

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 has filed a claim for chronic pain syndrome and chronic low back pain associated with an industrial injury of February 28, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; sacroiliac joint injections; epidural steroid injection therapy; and work restrictions. A clinical progress note of November 11, 2013 is notable for comments that the applicant is a mechanic. He reports 4/10 pain. He is previously made permanent and stationary. He is on over-the-counter Aleve but does report persistent low back pain radiating to left leg. The applicant is reportedly employed on a full-time basis and continues to smoke cigars. He reports low back pain radiating to left leg. Positive left-sided straight leg raising is appreciated. The applicant has a disk protrusion at L5-S1. A spinal cord stimulator trial is appealed. The applicant has returned to work with a 10-pound lifting limitation. An earlier note of November 5, 2013 is notable for comments that the applicant has persistent low back pain secondary to an L5-S1 herniated disk. It is stated that the applicant previously consulted a surgeon but has not had any prior spine surgery. The applicant is status post sacroiliac joint blocks, medial branch blocks, and epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD SIMULATOR TRIAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 107.

Decision rationale: As noted on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines, obtaining a precursor psychological evaluation is generally considered a prerequisite to pursuit of a spinal cord stimulator trial. In this case, however, there is no evidence that the applicant had the requisite precursor psychological evaluation. It is further noted that page 107 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the indications for stimulator implantation include the presence of failed back syndrome in applicants who have persistent spine pain after having undergone at least one previous operation, complex regional pain syndrome, postamputation pain, postherpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, and/or peripheral vascular disease. In this case, however, the applicant does not carry a qualifying diagnosis. There is no evidence that the applicant has had prior lumbar spine surgery. There is no evidence that the applicant carries a diagnosis of chronic regional pain syndrome. There is no evidence that the applicant has peripheral vascular disease or postamputation pain. Criteria for pursuit of a spinal cord stimulator trial have not seemingly been met. Therefore, the request is not certified, on Independent Medical Review.