MAXIMUS Federal Services

Case Number:	CM13-0058308		
Date Assigned:	12/30/2013	Date of Injury:	03/09/2010
Decision Date:	03/24/2014	UR Denial Date:	11/22/2013
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 Internal 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 patient is a 65 year old male who sustained a work-related injury on 3/10/10; the mechanism of injury was not provided. Treatment history included physical therapy, home exercise, lumbar epidural steroid injection (ESI), and medications, including Oxycontin 60mg ER; Lidoderm 5% patches, 1-2 on 12 hrs and off 12 hrs; Neurontin 300mg, 1 three times daily; and Oxycodone HCI, 20mg, 1 every 4-6 hours. He also had lower back surgery. A clinic note dated 11/19/13 documented that the patient presented with complaints of low back pain. Objective findings on exam included the patient's lowest level of pain (3/10), current pain (4/10), and the highest level of pain (6/10). The pain was described as a dull ache that increased to a piercing constant stabbing sensation that radiated down the right leg. The patient reported that medications were effective at relieving the pain and he was able to continue with daily activity with little pain. The patient did not present with neck pain, neck stiffness, or swollen glands, but did present with back pain and backache. No calf pain, joint pain or muscle cramps were present. Neurologic exam showed 5/5 normal muscle strength. Musculoskeletal exam revealed that inspection and palpation tenderness was moderate. Surrounding tissue tension/texture was spasm and thickening. Lumbar flexion was limited by 25%, and extension was limited by 52%. Lumbar extension with rotation to both the left and right were full. Lumbar left lateral side bending was full, and lumbar right lateral side bending was limited by 10%. There was pain with lumbar range of motion, flexion, and extension. Straight leg raising test was negative. The patient was diagnosed with chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a spinal cord stimulator trial between 11/18/13 and 1/19/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: As per the California MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated following a successful temporary trial. This patient had lower back surgery and was diagnosed with failed back syndrome. He had limited response from medications and other conservative care. He has chronic lower back pain radiating to lower extremities and therefore has established a medical necessity for this trial. Thus, the request is certified.