

Case Number:	CM13-0058647		
Date Assigned:	03/03/2014	Date of Injury:	08/10/2004
Decision Date:	06/10/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational Medicine and is licensed to practice in Hawaii. 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:

The patient is a 44-year-old male with a date of injury of August 10, 2004. Medical documents indicate that the patient is undergoing treatment for low back pain with radicular symptoms, failed back surgery syndrome, and diabetes. Subjective complaints include constant pain of the low back and shooting pain to lower extremities (left worse than right) with numbness, paresthesia, and weakness. Objective examination include decreased range of motion to lumbar region and diminished sensation to pin prick testing in the left lower extremity (L5-S1). Treatment has included hemilaminectomy and discectomy (2006), tramadol ER, Neurontin, Motrin 600mg, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulator (SCS); and UpToDate Guidelines, Intractable Low Back Pain.

Decision rationale: According to the California MTUS Guidelines and the Official Disability Guidelines Spinal Cord Stimulators (SCS) are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. While Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I are possible conditions for use of spinal cord stimulator, the ODG and MTUS additionally clarifies that evidence is limited and more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. The medical documents do not indicate when the most recent trial of physical therapy sessions were utilized or what other less invasive treatments have been tried since the patient's surgery in 2005/2006 with the objective results of those treatments. Additionally, no quantifying of patient's pain level or functional level was present in progress notes, which is important to assess the level of pain typically experienced by the patient to determine if the pain is 'intractable', per UpToDate guidelines. As such, the requested consultation is not medically necessary.

ONE (1) PRESCRIPTION OF PRILOSEC 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GISymptoms, and Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines in order to determine if a patient is at risk for gastrointestinal events the patient must be over the age of 65; have a history of peptic ulcer, GI bleeding or perforation; has concurrent use of ASA, corticosteroids, and/or an anticoagulant; or a high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease should take a non-selective NSAID with either a proton-pump inhibitor (PPI) or misoprostol, or a Cox-2 selective agent. Long-term PPI use (greater than one year) has been shown to increase the risk of hip fracture. The medical documents provided do not establish the patient is having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in the California MTUS. As such, the requested Prilosec is not medically necessary.

ONE (1) PSYCHIATRIC CLEARANCE FOR SPINAL CORD STIMULATOR TRIAL:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulator (SCS) and UpToDate Guidelines, Intractable Low Back Pain.

Decision rationale: The California MTUS and ACOEM Guidelines are silent regarding psychiatric evaluation for the specific use of spinal stimulator trial. In this case, the medical documents provided do not meet the criteria for the spinal cord stimulator trial, at this time. Thus the request for Psychiatric Clearance is not necessary at this time. As such, the request for a Psychiatric Clearance For Spinal Cord Stimulator Trial is not medically necessary at this time.