

Case Number:	CM13-0062023		
Date Assigned:	03/03/2014	Date of Injury:	09/05/2006
Decision Date:	05/26/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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 an employee of [REDACTED] and has submitted a claim for left hip and left butt cheek pain with an industrial injury date of September 5, 2006. The treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, injections, HELP program, and cognitive behavioral therapy for depression. Utilization review from November 6, 2013 denied the request for spinal cord stimulator trial because the patient did not meet the terms in order to obtain psychology clearance. Another utilization review from December 30, 2013 denied the request for spinal cord stimulator trial because of the same reason stated above. Medical records from 2013 were reviewed, which showed that the patient complained of constant left hip and left butt cheek pain, which shot up to the middle back, the side, and front of the thigh, and to the calf. Pain was made worse by sitting, walking, bending, running, lifting, lying down, driving, rising from a chair, and sexual intercourse and is improved by stretching, side-lying, ice, sleep, and massage. The patient was also depressed about her pain and is seeking psychiatric therapy. She also stated that her activities of daily living have been adversely affected. She reported 55% improvement from a left piriformis injection and sciatic block and also benefited from a SI joint injection. On physical examination, there was slight pain over the cervical spinous processes and bilaterally over the paraspinal musculature suboccipital C1-C7. Cervical range of motion was limited. Examination of the lumbar spine elicited pain over the spinous processes levels L3-5/S1 and bilaterally over the paraspinal musculature. There was decrease in sensation on the right L5 dermatome. Bilateral leg raise test produced left SI and low back pain. Fabere's maneuver was positive. The SI joints were tender bilaterally. Lumbar range of motion was limited. Gait was antalgic.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR TRIAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Page(s): 101, 105-107.

Decision rationale: According to pages 101 and 105-107 of the Chronic Pain Medical Treatment Guidelines, the criteria for spinal cord stimulation (SCS) trial include: at least one previous back operation; symptoms are primarily lower extremity radicular pain; limited response to non-interventional care; psychological clearance; no current evidence of substance abuse issues; and that there are no contraindications to a trial. In this case, although the patient showed symptoms of lower extremity radicular pain and a psychological clearance was provided, there was no documentation of a previous back operation and issues of substance abuse were not addressed. In addition, the medical records have shown that the patient benefited from previous injections, thus response to non-interventional care was present. The criteria have not been met; therefore, the request for spinal cord stimulator trial is not medically necessary.