MAXIMUS Federal Services

Case Number:	CM13-0064347		
Date Assigned:	01/03/2014	Date of Injury:	12/01/2008
Decision Date:	03/31/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine and Rehabilitation 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:

This 46 year-old male sustained an injury on 12/1/08 while employed by [redacted] The patient is s/p L3-S1 lumbar fusion on 7/27/10 with hardware removal and intertransverse arthrodesis of L3-4, L4-5, and L5-S1 on 9/29/11. Urine toxicology screens on 9/11/12 and 10/2/12 were inconsistent, negative for oral morphine and positive for methamphetamine. There is a report dated 9/3/13 noting patient with constant low back pain radiating down both legs rated at 7/10 scale. It was noted the patient has received conservative care to include long-acting opiates, multiple epidural steroid injections, facet joint injections, radiofrequency lesioning and lumbar spine surgery, all of which have failed to provide long-lasting significant pain relief. Psychology evaluation had noted the patient to be a candidate for spinal cord stimulator. Report of 10/1/13 noted patient with constant low back radiating pain down bilateral lower extremities with associated numbness, tingling, and paresthesias. Medications list Naproxen, Protonix, Paxil, and Neurontin. Utilization reviewer on 11/11/13 had requested and discussed with the provider for an updated urine drug screen subsequent to the September and October 2012 testing which showed evidence of illicit substance abuse, however, no new information was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One-time psychological evaluation for pre-surgical clearance of spinal cord stimulator (SCS) trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Spinal Cord Stimulators (SCS) and Chapter on Mental Illness and Stress

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

Decision rationale: MTUS Guidelines state 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 have failed and prior psychological evaluations along with documented successful trial are necessary prior to permanent placement for those patients with 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. The patient has known documented inconsistent urine toxicology screenings for substance abuse with Methamphetamine. Although the provider had noted opiates were no longer prescribed inconsistent urine toxicology results are still at issue; new requested updated urine drug testing for clearance, subsequent to discontinuing of opioids, have not been submitted. Given limited evidence to support for a spinal cord stimulator trial for only selected patients with psychological motivation, trial would be contraindicated for individuals with clear substance abuse history. Submitted reports have not demonstrated support to meet these criteria. As the SCS trial is not indicated; the one-time psychological evaluation for pre-surgical clearance of spinal cord stimulator (SCS) trial is not medically necessary and appropriate.