

Case Number:	CM13-0066553		
Date Assigned:	01/03/2014	Date of Injury:	09/08/2011
Decision Date:	08/28/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/16/2013

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 a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 8, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; earlier lumbar spine surgery on July 25, 2013; a cane; electrodiagnostic testing of October 14, 2013, notable for a chronic L5-S1 radiculopathy; and unspecified amounts of physical therapy. In a Utilization Review Report dated November 14, 2013, the claims administrator denied a request for a spinal cord stimulator. The claims administrator stated that it was uncertain why the spinal cord stimulator is being sought and suggested that the patient obtain a spine surgery QME. The claims administrator questioned the diagnosis of failed back syndrome on the grounds that the patient was only four months removed from earlier spinal surgery. The patient's attorney subsequently appealed. On October 15, 2013, the patient was placed off of work, on total temporary disability, owing to ongoing complaints of low back and with derivative insults including erectile dysfunction, insomnia, and depression. Tramadol, Naprosyn, Prilosec, tizanidine, Ambien, and Neurontin were renewed. In a psychological testing report dated January 2, 2013, it was suggested that the patient did have evidence of histrionic personality dynamics and that the patient was depressed, anxious, and emotionally labile individual. The psychological testing was apparently being performed as a precursor in pursuit of earlier spine surgery. On November 7, 2013, the patient's pain management physician noted that the patient had ongoing complaints of low back pain, obesity, sleep disturbance, and myofascial pain syndrome. The attending provider sought authorization for a spinal cord stimulator trial at that point. The patient was using tizanidine, hydrocodone, Naprosyn, tramadol, Neurontin, Prilosec, and Ambien, it was suggested. The patient reports 8/10 pain,

reportedly unchanged since surgery. It did not appear that the patient had undergone a precursor psychological evaluation immediately prior to consideration of the spinal cord stimulator trial.

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 STIMULATOR (SCS) Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, IDDS & SCS., Indicators for Stimulator Implantation section Page(s): 101,107.

Decision rationale: While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that failed back syndrome, the diagnosis reportedly present here, is reportedly an indication for spinal cord stimulator implantation, this recommendation is qualified by commentary on page 101 in the MTUS Chronic Pain Medical Treatment Guidelines to the effect that a psychological evaluation is recommended pre-implantation of a spinal cord stimulator trial. In this case, an earlier psychological evaluation prior to the applicant having undergone spine surgery suggested that the applicant in fact had issues with emotional liability, depression, anxiety, and histrionic personality disorder. The applicant's considerable psychological and psychiatric overlay, thus, make pursuit of a precursor psychological evaluation all the more important here prior to consideration of the spinal cord stimulator trial. This was not apparently performed here. Therefore, the request is not medically necessary.