

Case Number:	CM13-0068825		
Date Assigned:	01/03/2014	Date of Injury:	06/02/2010
Decision Date:	05/28/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesiology, has a subspecialty in Pain 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 low back and leg pain with an industrial injury date of June 2, 2010. Treatment to date has included medications, physical therapy, occupational therapy, right L3-4 transforaminal select nerve root block, and L3-L4 endoscopic discectomy. Utilization review from December 2, 2013 denied the request for spinal cord stimulator trial for treatment of the lumbar spine because all the criteria of the guidelines were not met. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of constant low back pain, which was dull, aching, and throbbing that radiated bilaterally, greater on the right, with intermittent right leg pain, but controlled with medications. The patient also noted occasional sharp shooting pain down her right leg to the right knee that occurred when she became more active. On physical examination, the patient had an antalgic gait. There was pain in the low back with hip range of motion. Patellar reflex was absent on the right. Motor strength was 4/5 on the right quadriceps, right hamstring, right tibialis anterior, and right gastrocnemius muscle. An x-ray of the lumbar spine dated 9/18/13 revealed evidence of interval interbody fusion with placement of anterior fixation plates and retention screws at the L3-4 and L4-5 levels; lumbar vertebral bodies maintain normal height and alignment; and moderate L5-S1 disc space narrowing. An L3-4 and L4-5 anterior lumbar interbody fusion with instrumentation was recommended as part of the treatment plan.

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 Psychological Evaluation, Spinal Cord Stimulator Page(s): 10,105, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Page(s): 101 105-107.

Decision rationale: According to pages 101 & 105-107 of the Chronic Pain Medical Treatment Guidelines, criteria for spinal cord stimulator (SCS) trial placement include: at least one previous back operation and patient is not a candidate for repeat surgery; symptoms are primarily lower extremity radicular pain; there has been 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, the medical records indicated that a possible L3-4 and L4-5 anterior lumbar interbody fusion with instrumentation was recommended as part of the patient's treatment plan, thus making the patient a candidate for surgery. In addition, there was no discussion regarding limited response to conservative management. Furthermore, a psychological clearance was not included in the medical records and there was no discussion regarding substance abuse issues. The criteria have not been met; therefore, the request for a Spinal Cord Stimulator Trial is not medically necessary and appropriate.