

Case Number:	CM13-0069681		
Date Assigned:	01/03/2014	Date of Injury:	02/22/2010
Decision Date:	05/29/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/23/2013

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 has submitted a claim for low back pain with an industrial injury date of February 22, 2010. The treatment to date has included medications, physical therapy, home exercise program, Transcutaneous electrical nerve stimulation (TENS) unit, right L5 and S1 selective nerve root blocks, lumbar epidural injections, and microdiscectomy at right L5-S1 level. The medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain radiating down his right lower extremity to the level of the foot. The pain level ranged from 2-10/10. He is noted to have functional improvements with medications. The patient also reported depression and frustration regarding his chronic pain. On physical examination, there was limitation of lumbar range of motion. Straight leg raise test was positive. There was decreased sensation in the right L5 and S1 distributions but no motor weakness was appreciated. The patient was recommended fusion surgery. The utilization review from December 6, 2013 denied the request for trial spinal cord stimulator. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAIL SPINAL CORD STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the 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, although the patient exhibited symptoms of lower extremity radicular pain and has undergone a previous lumbar surgery, there was no discussion regarding failure of non-interventional care. The medical reports have noted that functional improvement was achieved with medications. Furthermore, a psychological clearance was not submitted with the records for review. The medical reports also did not address issues of substance abuse. Moreover, a recommendation for fusion surgery was made, thereby making the patient a candidate for surgery. The criteria have not been met; therefore, the request for a trial spinal cord stimulator is not medically necessary.