

Case Number:	CM14-0001469		
Date Assigned:	01/22/2014	Date of Injury:	07/21/2011
Decision Date:	06/02/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

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:

Injured worker is a female with date of injury 7/21/2011. Per pain management treating physician progress report, the injured worker complains of worsening back and leg pain. She states she has had increased pain recently. Right aching, throbbing, sharp shooting leg pain with numbness and tingling is worse with prolonged standing, walking and sitting. It is better with lying down. Her surgeon recommends an SCS trial. She states she would like to go back to Norco as Percocet is too expensive. She continues on Fentanyl patch as before. She denies medication side effects or new injury. On exam of the back she has paraspinal tenderness and buttock tenderness, right greater than left. Flexion is fingers to knees, extension decreased, lateral bending decreased, rotation decreased. Lower extremity deep tendon reflexes are normal and symmetric. Strength and sensation intact. Straight leg raise is positive. Gait is antalgic, walks with cane. Diagnoses include 1) degenerative lumbar/lumbosacral intervertebral disc 2) Unspecified thoracic/lumbar neuritis/radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CHORD STIMULATOR: Upheld

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

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

Decision rationale: The clinical documents indicate that the spine surgeon recommends the injured worker to check with the pain management physician to see if she is a candidate for spinal cord stimulator. The pain management physician requests for a spinal cord stimulator, stating that the surgeon is recommending the spinal cord stimulator. The requesting physician made this request without addressing why a spinal cord stimulator is medically necessary. Per the guidelines, the use of a spinal cord stimulator is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. The indications for stimulator implantation include failed back syndrome defined as persistent pain in patients who have undergone at least one previous back operation. This treatment is more helpful for lower extremity than low back pain, although both stand to benefit. It works best for neuropathic pain, and is considered to be ineffective in treating nociceptive pain. Other conditions such as complex region pain syndrome, reflex sympathetic dystrophy, post amputation pain, post herpetic neuralgia, spinal cord injury dyesthesias, and pain associated with multiple sclerosis, and peripheral vascular disease may indicate the need for spinal cord stimulator treatment. It is noted that the spine surgeon has diagnosed the injured worker as status post L4-L5 fusion with no complications; however, the patient still has residual pain. Although the injured worker has had back surgery, she has not been diagnosed as having failed back syndrome. There are no neurological deficits noted on exam. She has paraspinal and buttock tenderness, an antalgic gait with the use of a cane. Based on review of the current clinical documents and the guidelines, the use of a spinal cord stimulator is not indicated. The request for spinal cord stimulator is not medically necessary.